

EXHIBIT A

Inventory Lists for the Receivership Entities

Inventory List for Capitol Healthcare and Rehabilitation Centre, LLC

Item Type	Item Category	Quantity
Wheelchair	General	100
Geri-Chairs	General	4
Hospital Bed	General	176
PVC Bed	General	6
Hydraulic Hoyer	General	5
Electric Hoyer	General	4
Sit to Stands	General	5
High Back Wheelchair	General	8
Bariatric Bed	General	5
Bed High-Low	General	2
Refrigerator	Dietary	3
Freezer	Dietary	2
Cook Stove	Dietary	1
Convection Oven	Dietary	1
Ice Machine	Dietary	1
Dish Machine	Dietary	1
Steam Table	Dietary	4
Microwave	Dietary	1
Matt Table	Therapy	2
Parallel Bars	Therapy	2
Pulleys	Therapy	1
Gait Belts	Therapy	10
Stairs	Therapy	2
Electric Drill	Maintenance	3
Toilet Jack	Maintenance	1
Chop Saw	Maintenance	1
Milwaukee Sawzall	Maintenance	1
Hammer Drill	Maintenance	1
Shop Vac	Maintenance	2
Washing Machine	Laundry	4
Dryer	Laundry	4
Delivery Cart	Laundry	2
Personal Clothes Cart	Laundry	3
Valet Cart	Laundry	1
Clean Laundry Tubs	Laundry	3
Dirty Laundry Bin	Laundry	7
Carts	Housekeeping	6
Hand Burnisher	Housekeeping	4
Auto Scrubber	Housekeeping	1
Auto Burnisher	Housekeeping	1
Vacuum	Housekeeping	2
Water Extractor	Housekeeping	2
Bus	Transportation	1
Van	Transportation	1

Inventory List for Colonial Healthcare and Rehabilitation Centre, LLC

Item Type	Item Category	Quantity
Wheelchair	General	62
Geri-Chairs	General	2
Hospital Bed	General	90
Air Mattress	General	2
Electric Hoyer	General	2
Sit to Stands	General	1
Broda Chair	General	4
Refrigerator	Dietary	3
Freezer	Dietary	6
Cook Stove	Dietary	1
Convection Oven	Dietary	1
Ice Machine	Dietary	1
Dish Machine	Dietary	1 (rental)
Steam Table	Dietary	1
Microwave	Dietary	2
Plate Warmer	Dietary	1
Robot Coup	Dietary	1
Push Cart	Dietary	8
Mixer	Dietary	1
Hydrocollator	Dietary	1
Matt Table	Therapy	1
Parallel Bars	Therapy	1
Diathermy Machine	Therapy	1
Omni-Cycle	Therapy	1
Ultrasound	Therapy	1
Estim Machine	Therapy	1
Electric Drill	Maintenance	2
Air Compressor	Maintenance	1
Shop Vac	Maintenance	1
Lawnmower	Maintenance	1
Sander	Maintenance	1
Saw	Maintenance	2
Washing Machine	Laundry	2
Dryer	Laundry	2
Linen Cart	Laundry	2
Hanger Rack	Laundry	1
Laundry Tub	Laundry	5
Low Speed Scrubber	Housekeeping	1
High Speed Buffer	Housekeeping	1
Cart	Housekeeping	2
Floor Blower	Housekeeping	1
Van	Transportation	1
Driver Coach	Transportation	1

Inventory List for The Heights Healthcare and Rehabilitation Centre, LLC

Item Type	Item Category	Quantity
Wheelchair	General	81
Geri-Chairs	General	4
Hospital Bed	General	88
Specialized Bed	General	5
Bariatric Bed	General	3
Electric Hoyer	General	2
Sit to Stands	General	2
Scoot Chair	General	2
Refrigerator	Dietary	1
Freezer	Dietary	1
Cook Stove	Dietary	1
Convection Oven	Dietary	1
Ice Machine	Dietary	2 (rental)
Dish Machine	Dietary	1 (rental)
Steam Table	Dietary	1
Matt Table	Therapy	2
Parallel Bars	Therapy	2
Omni-Cycle	Therapy	3
Pulley	Therapy	1
Gait Belt	Therapy	10
Stairs	Therapy	2
Electric Drill	Maintenance	3
Toilet Jack	Maintenance	1
Shop Vac	Maintenance	2
Chop Saw	Maintenance	1
Milwaukee Sawzall	Maintenance	1
Hammer Drill	Maintenance	1
Washing Machine	Laundry	2
Dryer	Laundry	2
Laundry Delivery Cart	Laundry	4
Storage Cart	Laundry	2
Laundry Hamper	Laundry	1
Power Flite 3 Wing	Housekeeping	1
Commercial Vac	Housekeeping	1
Cart	Housekeeping	4
Van	Transportation	1
Driver Coach	Transportation	1

Inventory List for Morton Terrace Healthcare and Rehabilitation Centre, LLC

Item Type	Item Category	Quantity
Wheelchair	General	61
Geri-Chairs	General	10
Hospital Bed	General	85
Bariatric Bed	General	2
Regular Bed	General	9
Electric Hoyer	General	2
Hydraulic Hoyer	General	3
Sit to Stands	General	1
Broda Chair	General	3
Refrigerator	Dietary	4
Freezer	Dietary	1
Cook Stove	Dietary	2
Convection Oven	Dietary	1
Ice Machine	Dietary	1
Dish Machine	Dietary	1
Steam Table	Dietary	2
Microwave	Dietary	3
Milk Cooler	Dietary	1
Robot Coup	Dietary	1
Matt Table	Therapy	1
Parallel Bars	Therapy	1
Omni-Cycle	Therapy	1
Nu Step	Therapy	1
Ex Bike	Therapy	1
Stairs	Therapy	1
Standing Table	Therapy	1
Large Mirror	Therapy	1
Snowblower	Maintenance	1
Pressure Sprayer	Maintenance	1
Leafblower	Maintenance	1
Tile Cutter	Maintenance	1
Circular Saw	Maintenance	1
Hammer Drill	Maintenance	1
Cordless Screwdriver	Maintenance	1
Washing Machine	Laundry	3
Dryer	Laundry	3
Linen Cart	Laundry	6
Wire Cart	Laundry	1
Soiled Cart	Laundry	1
Clean Cart	Laundry	1
Scrubber	Housekeeping	1
Buffer	Housekeeping	1
Cart	Housekeeping	4
Walk Behind Scrubber	Housekeeping	1
Van	Transportation	1 (shared)
Driver Coach	Transportation	(1)

Inventory List for Morton Villa Healthcare and Rehabilitation Centre, LLC

Item Type	Item Category	Quantity
Wheelchair	General	69
Geri-Chairs	General	4
Hospital Bed	General	86
Bariatric Bed	General	1
Air Mattress	General	5
Electric Hoyer	General	2
Refrigerator	Dietary	1
Freezer	Dietary	2
Cook Stove	Dietary	1
Ice Machine	Dietary	1
Dish Machine	Dietary	1
Steam Table	Dietary	1
Microwave	Dietary	1
Robo-Coup	Dietary	1
Meat Slicer	Dietary	1
Exam Table	Therapy	2
Weights	Therapy	20
Theraband	Therapy	3
Omni-Cycle	Therapy	1
Gait Belt	Therapy	10
Portable Air Compressor	Maintenance	1
Snowblower	Maintenance	1
Shop Vac	Maintenance	1
Mitre Saw	Maintenance	1
Benchgrinder	Maintenance	1
Ladder	Maintenance	5
Washing Machine	Laundry	2
Dryer	Laundry	2
Linen Cart	Housekeeping	2
Buffer	Housekeeping	1
Scrubber	Housekeeping	1
Side by Side	Housekeeping	1
Van	Transportation	1 (shared)
Driver Coach	Transportation	1 (shared)

Inventory List for Rivershores Healthcare and Rehabilitation Centre, LLC

Item Type	Item Category	Quantity
Wheelchair	General	82
Geri-Chairs	General	2
Hospital Bed	General	88
Bariatric Bed	General	3
Hydraulic Hoyer	General	3
Sit to Stands	General	2
Broda Chair	General	2
Refrigerator	Dietary	3
Freezer	Dietary	2
Cook Stove	Dietary	1
Convection Oven	Dietary	1
Ice Machine	Dietary	1
Dish Machine	Dietary	1
Steam Table	Dietary	1
Microwave	Dietary	3
Milk Cooler	Dietary	1
Robot Coup	Dietary	1
Hobart Slicer	Dietary	1
Bariatric Stand Table	Therapy	1
Dya Therm	Therapy	1
Bicycle Machine	Therapy	1
Treatment Table	Therapy	1
Parallel Bars	Therapy	1
Stairs	Therapy	1
Stove/Oven	Therapy	1
Refrigerator	Therapy	1
Electric Drill	Maintenance	1
Washing Machine	Laundry	3
Dryer	Laundry	3
Carts	Housekeeping	3
Buffer	Housekeeping	1
Scrubber	Housekeeping	1
Side by Side	Housekeeping	1
Van	Transportation	1
Driver Coach	Transportation	1

EXHIBIT B

2016 Survey History for the Receivership Entities

2016 Survey History for Capitol Healthcare And Rehabilitation Centre, LLC
("Mosaic of Springfield")

The surveys for the year 2016 equal a total of 31 citations:

1. August 22, 2016 Annual Licensure and Certification Survey

A visit by the Illinois Department of Public Health was made to Mosaic of Springfield and (7) deficient Citations were cited in this survey:

- a. F241 SS=D Dignity and Respect of Individuality: The facility failed to provide dignity for residents and allow urinary drainage bags to be visible on wheel-chairs.
- b. F246 SS=D Reasonable Accommodation of Needs: The facility failed to make call lights accessible to residents.
- c. F279 SS=D Develop Comprehensive Care Plans: The facility failed to develop comprehensive care plans to address medical support equipment and isolation protocols.
- d. F280 SS=D Right to Participate Planning Care – Revise Care Plan: The facility failed to revise care plans to address resident current needs.
- e. F309 SS=E Provide Care Service for Highest Well – Being: The facility failed to develop care plans to address care needs for dialysis residents.
- f. F425 SS=E Pharmaceutical Services Accurate Procedures: The facility failed to dispose of expired insulin.
- g. F441 SS=D Infection Control, Prevent Spread: The facility failed to provide signage to indicate to visitors to see the nurse before entering a room for residents in isolation.

2. August 25, 2016 Annual Life Safety Certification Survey.

A visit by the Illinois Department of Public Health was made to the Mosaic of Springfield and (24) deficient citations were cited in this survey:

- a. K12 SS=F Facility failed to maintain the building's construction type: Floors have penetrations that were not fire stopped.
- b. K17 SS=E Facility failed to maintain corridor walls.
- c. K18 SS=E Facility failed to maintain corridor doors.
- d. K22 SS=E Facility failed to maintain the exit signs.
- e. K25 SS=E Facility failed to maintain the smoke barriers.
- f. K27 SS=E Facility failed to maintain smoke barrier doors.
- g. K33 SS=E Facility failed to maintain the stairway exit doors.
- h. K45 SS=E Facility failed to maintain emergency illumination.
- i. K46 SS=E Facility failed to maintain emergency lighting.
- j. K48 SS=F Facility failed to maintain a written fire plan.
- k. K50 SS=F Facility failed to maintain the fire drills.
- l. K51 SS=F Facility failed to maintain the fire alarm system.
- m. K56 SS=E Facility failed to maintain the automatic sprinkler system: Improper installation of sprinkler heads.

- n. K62 SS=E Facility failed to maintain the automatic sprinkler system: Lack of maintenance.
- o. K64 SS=F Facility failed to maintain the fire extinguishers.
- p. K66 SS=F Facility failed to maintain the smoking areas.
- q. K71 SS=E Facility failed to maintain the vertical laundry chute.
- r. K72 SS=E Facility failed to maintain the means of egress.
- s. K143 SS=E Facility failed to maintain the liquid oxygen transfilling room.
- t. K144 SS=F Facility failed to maintain the emergency power supply.
- u. K145 SS=F Facility failed to maintain the emergency electrical power supply system.
- v. K147 SS=E Facility failed to maintain electrical wiring for extension cords.
- w. K154 SS=F Facility failed to maintain the Sprinkler System Fire Watch Policy.
- x. K155 SS=F Facility failed to maintain the Sprinkler System Fire Watch Policy. F154 and F155 are the same citation but both tags must be cited.
- y. K160 SS=E The facility failed to maintain records for monthly fire fighter service maintenance records.

3. November 29, 2016 Complaint Survey number 16465/II89855.

A visit by the Illinois Department of Public Health was made to the Mosaic of Springfield and (1) deficient citation was cited in this survey:

- a. F465 SS=C Safe Functional/Sanitary/Comfortable Environment: The facility failed to maintain walls, floors, ceilings, and windows in a safe and sanitary manner.

4. January 04, 2017 Complaint Survey #145160

A visit by the Illinois Department of Public Health was made to the Mosaic of Springfield and the following citations were made:

- a. K345 SS=F Fire Alarm System – Testing and Maintenance: The facility failed to provide required testing of all devices and repairs of noted equipment ties to the Fire Alarm System in the past 12 months. This is in conjunction with facility testing of all Horn, Strobes, and/or Horn/Strobes.
- b. K711 SS=Evacuation and Relocation Plan: Facility failed to maintain a complete fire plan with all required elements for the last 12 months. The following items were not included in the existing Fire Safety Plan:
 - i. Use of alarms.
 - ii. Transmission of alarms to the fire department.
 - iii. Emergency phone call to the fire department.
 - iv. Response to the alarm.
 - v. Isolation of the fire.
 - vi. Evacuation of the immediate area.
 - vii. Evacuation of the smoke compartment.
 - viii. Preparation of floors and building for evacuation.
 - ix. Extinguishment of fire.
 - x. Use of code phrase.

- xi. Use of code phrase under different section number than #10.
- xii. The floor plans for all {4} floors must indicate smoke barriers.
- xiii. The floor plans for the building failed to have fire barriers identified.
- xiv. The policy was not dated as to how current the policy was.
- xv. The evacuation policy should state where the residents are to be evacuated and how they are to be transported.
- xvi. The facility staff evacuated residents from the West Smoke Zone to the West Side of the West/Support Smoke Barrier Wall to the Dining Room. This smoke barrier was established as deficient at the Annual Life Safety Survey on 08.24.16.
- xvii. Per interviews with staff on the 1st Floor it was determined that the facility Administration had not in-serviced staff of the deficient smoke barriers on all four floors at the West/Support Barrier. Staff should have taken residents to the East Smoke Zone beyond the only visible smoke barrier on each floor.

5. January 10, 2016 Complaint Survey #1740073

A visit by the Illinois Department of Public Health was made referencing a complaint in nursing. No citations were found.

2016 Survey History for Colonial Healthcare and Rehabilitation Centre, LLC

The surveys for the year 2016 equal a total of 7 citations:

1. April 14, 2016 Annual Inspection

A visit by the Illinois Department of Public Health was made to the Colonial Healthcare and Rehabilitation Center, and the following (2) deficient citations were cited in this survey. In addition, a complaint investigation was also completed in this survey. Complaint number 1621858/II84611:

- a. F157 SS =D Failure to notify of changes (Injury/Decline/Room): The facility failed to notify a Representative of a change in medication and an increase in adverse behaviors.
- b. F329 SS=D Drug Regimen is Free From Unnecessary Drugs: The facility failed to obtain an informed consent for an increase of an antipsychotic medication dosage.

2. April 19, 2016 Life Safety Code Annual Inspection

A visit by the Illinois Department of Public Health was made to the Colonial Healthcare and Rehabilitation Center, and the following (4) deficient citations were cited in this survey:

- a. K25 SS=E The facility failed to maintain a smoke barrier to provide compartmentalization of the facility
- b. K51 SS=E The facility failed to maintain the fire alarm circuit breaker.
- c. K73 SS=E The facility failed to maintain a room that was free from decorations of highly flammable character.
- d. K145 SS=F The facility failed to maintain the Type 2 Essential Electric System.

3. October 26, 2016 Complaint Investigation number 1626008/II89304

The following citation was cited:

- a. F156 SS=D Notice of Rights, Rules, Service Charges: The facility failed to ensure residents have the right to choose their pharmacy provider.

****Note**** Since Central Illinois Management Services became introduced to this facility November 1, 2016, there have been no surveys resulting in citations.

2016 Survey History for The Heights Healthcare and Rehabilitation Centre, LLC

The surveys for the year 2016 equal a total of 21 citations:

1. February 19, 2016 Annual Licensure Certification Survey

A visit by the Illinois Department of Public Health was made to the Heights Healthcare and Rehabilitation Center and the following (4) deficient citations were cited in this survey:

- a. F167 SS=C Right to survey results; readily accessible: The facility failed to ensure a notice of availability of annual and complaint surveys results was posted and ensure the survey results were readily accessible to residents.
- b. F323 SS=D Free of accident/Hazards/Supervision: The facility failed to follow care plan interventions to prevent falls.
- c. F371 SS=F Food Procurement/Store/Prepare/Serve – Sanitary: The facility failed to prepare food under sanitary conditions by kitchen/dietary staff not using hair nets to completely cover their hair.
- d. F441 SS=F Infection Control, Prevent Spread: The facility failed to ensure handwashing materials and supplies and supplies were readily available and/or provided in two of two soiled utility rooms and for one of one soiled laundry sorting rooms.

2. March 2, 2016 Annual Life Safety Survey

A visit by the Illinois Department of Public Health was made to the Heights Healthcare and Rehabilitation Center and (14) deficient citations were cited in this survey.

- a. K17 SS=E Facility failed to maintain the corridor walls.
- b. K18 SS=E Facility failed to maintain the corridor doors.
- c. K25 SS=E Facility failed to maintain smoke barriers.
- d. K27 SS=E Facility failed to maintain the closure of smoke barrier doors.
- e. K29 SS=E Facility failed to maintain a smoke resistant enclosure for a hazardous room.
- f. K38 SS=E Facility failed to maintain the exit readily accessible at all times.
- g. K46 SS=E Facility failed to maintain the emergency illuminations of battery operated emergency lighting.
- h. K66 SS=E Facility failed to maintain designated smoking areas and required containers in designated smoking areas.
- i. K68 SS=E Facility failed to maintain the supply of combustion air for the gas fired laundry dryers.
- j. K69 SS=E Facility failed to maintain protection for the kitchen cooking equipment.
- k. K72 SS=E Facility failed to maintain the corridors free of all obstructions to full instant use.
- l. K143 SS=D Facility failed to maintain signage for transferring of liquid oxygen.
- m. K145 SS=F Facility failed to maintain the Type 2 Essential Electrical System. Emergency Disconnect Panel in Main boiler and Electrical Room.
- n. K147 SS=E Facility failed to maintain the electrical wiring.

3. June 22, 2016 Complaint Survey #1623364/IL86334

A visit by the Illinois Department of Public Health was made to the Heights Healthcare and Rehabilitation Center and (1) deficient citation was cited in this survey:

- a. F441 SS=D Infection Control, Prevent Spread: The facility failed to perform hand washing and glove changes during incontinence care for residents.

4. August 24, 2016 Complaint Survey #1624750/IL87887

A visit by the Illinois Department of Public Health was made to the Heights Healthcare and Rehabilitation Center and (1) deficient citation was cited in this survey:

- a. F323 SS=D Free of Accident/Hazards/Supervision: Facility failed to provide supervision and assistance to prevent injury for one of three residents.

5. December 29, 2016 Complaint Survey #1627303/IL90684 [Desk Review]

- a. F309 SS=D Provide Care/Services For Highest Well Being: Facility failed to provide transportation to a dialysis appointment for a resident 1x.
- b. F333 SS=D Residents Free of Significant Med Errors: Facility licensed staff failed to ensure a medication was given with a physician's order.

6. January 10, 2017 Complaint Survey related to kitchen sprinkler head mal-function

On 1/8/2017 A sprinkler head [1] malfunctioned discharging water onto ¼ of the cooking area over the kitchen stove, steam table, and convection oven. There was no fire or smoke as the sprinkler head simply mal-functioned. As a result of the malfunction, three separate inspections occurred - [County Health Department, Fire Department, and the Illinois Department of Public Health]. However, due to the management and oversight of the Central Illinois Management Services, food preparation was moved to an alternate location in the facility while the kitchen was thoroughly cleaned and sanitized. In addition, there was no food service interruption, resident diets were maintained, and no deficiencies were cited.

2016 Survey History for Morton Terrace Healthcare and Rehabilitation Centre, LLC

The surveys for the year 2016 equal a total of 38 citations. Let it be noted that one of the resulted in an Immediate Jeopardy status prior to the Receiver.

1. April 15, 2016 Annual Life Safety Certification Survey

A visit by the Illinois Department of Public Health was made to the Morton Terrace Healthcare and Rehabilitation Center, and the following (13) citations were cited:

- a. K18 SS=E The facility failed to maintain corridor doors.
- b. K22 SS=E The facility failed to install, a fully visible directional emergency illuminated exit sign in areas that required the exit directional signage and is visible from all areas.
- c. K25 SS=E The facility failed to provide proper separation between hazardous areas and exit access corridors.
- d. K27 SS = E The facility failed to maintain maximum clearances at all edges of smoke barrier doors when in the closed position and in the door frame.
- e. K29 SS=E The facility failed to provide proper separation between hazardous areas and exit access corridors.
- f. K50 SS=F The facility failed to provide complete required routine maintenance to make the sprinkler system react as designed.
- g. K62 SS=E The facility provide complete required routine maintenance to make the sprinkler system react as designed.
- h. K64 SS=E The facility failed to properly maintain portable fire extinguishers.
- i. K69 SS=E The facility failed to ensure that the range hood maintenance was performed the required intervals.
- j. K76 SS=E The facility failed to provide proper storage of oxygen cylinders.
- k. K144 SS=E The facility failed to ensure the annual load testing was conducted to indicate performance.
- l. K145 SS=F The facility failed to maintain the emergency system electrical panel.
- m. K147 SS=E The facility failed to correctly install all electrical wiring and devices and failed in using unauthorized devices to enhance the existing electrical system.

2. April 19, 2016 Annual Inspection and complaint #1621873/II84631

A visit by the Illinois Department of Public Health was made to the Morton Terrace Healthcare and Rehabilitation Center, and the following (15) deficient citations were cited in this survey. In addition, a complaint investigation was also completed. Complaint number 1621858/II84611:

- a. F155 SS=K Right to refuse, formulate advance directives: The facility failed to ensure resident requests for Advance Directives regarding Cardiopulmonary Resuscitation (CPR) were accurately incorporated into resident's medical records and physician's orders. **THIS FAILURE RESULTED IN AN IMMEDIATE JEOPARDY.**
- b. F164 SS=D Personal Privacy/Confidentiality of Records: The facility failed to provide privacy during personal care of residents.

- c. F221 SS=D Right to be free from physical restraints: The facility failed to document a medical condition for the use of full side rails and failed to follow their policy to periodically assess for least restrictive interventions for side rails.
- d. F223 SS=E Free from Abuse/Involuntary Seclusion: The facility failed to put interventions in place when a resident was physically and verbally abusive to other residents.
- e. F225 SS=D Investigate/Report Allegations/Individuals: The facility failed to report and investigate physical and verbal abuse.
- f. F226 SS=D Develop/Implement/Abuse/Neglect Policies: The facility failed to follow its policy for reporting and investigating abuse.
- g. F246 SS=D Reasonable Accommodation of needs/Preferences: The facility failed to respond in a timely manner to a resident calling for assistance who is unable to use a call light button.
- h. F315 SS=D No Catheter, Prevent Urinary Tract Infections: The facility failed to follow their Urinary Catheter Care Policy while providing catheter care, failed to maintain an indwelling urinary catheter drainage bag below the level of the bladder, and failed to keep an indwelling urinary catheter drainage bag off of the floor.
- i. F322 SS=D Nursing Treatment/Services/Restore Eating Skills: The facility failed to administer Gastrostomy tube feedings according to the Physician Order Sheet and failed to follow their policy to document the date and time the formula was administered on the tube feeding label.
- j. F323 SS=D Free of Accidents/Hazards/Supervisions/Devices: The facility failed to ensure fall interventions were in place.
- k. F328 SS=D Treatment/Care for Special Needs: The facility failed to perform cares that would decrease the risk of infection for a resident with a Peripherally Inserted Central Catheter and failed to maintain a sterile technique during endotracheal suctioning.
- l. F334 SS=B Influenza and Pneumococcal Immunizations: The facility failed to follow their policy and procedures for Vaccinations of Residents.
- m. F371 SS=F Food Procurement, Store/Prepare/Serve – Sanitary: The facility failed to clean counters with sanitizing solution after food preparation; failed to keep food off the floor and sealed in the dry storage room; failed to date food in the cooler in plastic serving containers; and failed to keep a cooling unit clean and free from food debris.
- n. F441 SS=E Infection Control, Prevent Spread, Linens: The facility failed to change gloves when going from soiled to clean items, failed to perform hand hygiene immediately after incontinence care, and failed to disinfect a mechanical lift in order to prevent cross-contamination.
- o. F514 SS=D Records-Complete/Accurate/Accessible:
- p. The facility failed to transport a telephone order to discontinue strict isolation precautions.

3. October 5, 2016

A complaint investigation was conducted by the Illinois Department of Public Health resulting in (2) regulatory citations:

- a. F157 SS=D Notify of Changes (Injury/Decline): The facility failed to notify a Power of Attorney the Primary Care Physician, or Director of Nurses with a change of condition of a surgical wound.
- b. F502 SS=D Administration: The facility failed to ensure that laboratory monitoring for anticoagulant medication was performed.

4. May 5, 2016 Complaint Inspection #1622356/IL85192

A visit by the Illinois Department of Public Health was made to the Morton Terrace Healthcare and Rehabilitation Center, and the following citation was cited:

- a. F332 SS=D Free of Medication Error Rates of 5% or More: The facility failed to ensure medications were administered according to the physician's order.

5. May 17, 2016 Complaint Inspection #1622536/IL85408

A visit by the Illinois Department of Public Health was made to the Morton Terrace Healthcare and Rehabilitation Center, and the following citation was cited:

- a. F441 SS=E Infection Control, Prevent Spread: The facility failed to ensure an independently mobile resident with Methicillin Resistant Staphylococcus Aureus (MRSA), performed hand hygiene prior to going to dining room and when interacting with other residents.

6. May 26, 2016 MDS 3.0 Focus and Staffing Survey.

A visit by the Illinois Department of Public Health was made to the Morton Terrace Healthcare and Rehabilitation Center, and the following (6) deficient citations were cited in this survey:

- a. F278 SS=E Assessment Accuracy/Coordination/Certified: The facility failed to ensure the Minimum Data Set Assessment accurately reflected resident's status.
- b. F279 SS=D Develop Comprehensive Care Plans: The facility failed to develop a comprehensive care plan for the use of restraints.
- c. F280 SS=D Right To Participate Planning Care-Revise Care Plan: The facility failed to ensure a pressure ulcer treatment/prevention was added to care plans.
- d. F314 SS=D Treatment/Services To Prevent/Heal Pressure Sores: The facility failed to follow a physician's order for the prevention and treatment of a pressure ulcer.
- e. F356 SS=C Posted Nurse Staffing: The facility failed to include the actual nursing hours worked and facility census on the daily nurse staffing information posting, and failed to maintain 18 months of daily nurse staffing postings.
- f. F441 SS=D Infection Control, Prevent Spread: The facility failed to maintain hand hygiene.

Since Central Illinois Management Services became introduced to this facility November 1, 2016, there has been (1) survey resulting in (1) citation.

7. January 4, 2016 Complaint Survey #1627340/IL90722 [Desk Review]

- a. F282 SS=D Services By Qualified Persons/Per Care Plan: Facility failed to complete neurological checks per facility protocol for one resident.

2016 Survey History for Morton Villa Healthcare and Rehabilitation Centre, LLC

The surveys for the year 2016 equal a total of 31 citations:

1. January 25, 2016 Complaint Investigation #1620353/II82848

A visit by the Illinois Department of Public Health was made to the Morton Villa and the following (10) deficient citations were cited in this survey:

- a. F157 SS =D Failure to notify of changes (Injury/Decline/Room): The facility failed to notify the physician of a significant medication error for one of three residents reviewed for medication accuracy.
- b. F164 SS=D Personal Privacy/Confidentiality of Records: The facility failed to maintain privacy of an indwelling urinary drainage bag for two of five residents reviewed for privacy/dignity.
- c. F 254 SS=D Clean Bed/Bath Linens in Good Condition: The facility failed to ensure bed linens were clean and free of stains.
- d. F274 SS=D Comprehensive Assessments After Significant Change: The facility failed to assess a significant change in assessment for one of three residents reviewed for Minimum Data Set Assessments.
- e. F279 SS=D Develop Comprehensive Care Plans: The facility failed to develop individualize comprehensive care plans with interventions for two of three residents reviewed for care plans.
- f. F315 SS=D No Catheter, Prevent Urinary Tract Infections, Restore Bladder: The facility failed to keep an indwelling urinary catheter tubing secured for one resident, and failed to prevent an indwelling urinary catheter bag from touching the floor for two of two residents reviewed for indwelling urinary catheters.
- g. F329 SS=D Drug Regimen is free from unnecessary Drugs: The facility failed to ensure a resident received an assessment to identify an underlying cause of behaviors prior to the initiation on an antipsychotic medication, and failed to ensure a resident with known adverse consequences to an antipsychotic medication was not administered that medication which affected one of three residents reviewed for psychotropic medications.
- h. F333 SS=D Residents Free of Significant Medication Errors: The facility failed to ensure an antidepressant medication was administered as ordered by the physician, resulting in a significant medication error.
- i. F441 SS=D Infection Control, Preventing, Spreading, Linens: The facility staff failed to perform hand washing after providing care for residents.
- j. F514 SS=D Records-Complete/Accurate/Accessible: The Facility failed to ensure a physician order was transcribed accurately to the Physician Order Sheet (POS) and Medication Administration Record (MAR).

2. February 22, 2016 Annual Health Survey was conducted.

A visit by the Illinois Department of Public Health was made to the Morton Villa and the following (10) deficient citations were cited in this survey:

- a. F164 SS=D Repeat Deficiency – Personal Privacy/Confidentiality of Records: The facility staff failed to close privacy curtains and the resident's door to maintain privacy of body parts during resident care.
- b. F170 SS=C Resident Right to Privacy – Send/Receive Unopened Mail: The facility failed to provide mail delivery on Saturdays.
- c. F225 SS=C Investigate/Report Allegations/Individuals: The facility failed to ensure that employee pre-screen fingerprint-based background checks were completed prior to employees being hired.
- d. F226 SS=C Develop/Implement Abuse/Neglect Policies: The facility policy Abuse Prevention Program does not include documentation that the facility will report any knowledge it has of any actions by a court of law which would indicate an employee is unfit for service to the state agency and/or licensing authorities.
- e. F279 SS=D Repeat Deficiency Develop Comprehensive Care Plans: The facility failed to develop a comprehensive care plan to address the condition of immunodeficiency.
- f. F280 SS=D Right to participate planning Care-Revise: The facility failed to ensure care plans were amended to include new interventions.
- g. F323 SS=D Free of accident hazards/supervision/devices: The facility failed to use gait belts for residents requiring total assistance for transfers.
- h. F371 SS=F Food Procurement, Storage/Preparation/Serve/Sanitary: The facility failed to maintain cooking pans free of excessive grease and food debris buildup and failed to perform hand hygiene prior to assisting a resident with eating.
- i. F441 SS=D Repeat Deficiency Infection Control, Prevent Spread, Linens: The facility failed to practice good hand hygiene
- j. F496 SS=C Nurse Aide Registry, Verification, Retraining: The facility failed to complete the nurse aid registry verification prior to allowing certified nursing assistants to provide direct care to residents.

3. February 22, 2016 Annual Health Survey including Life Safety Certification Survey was conducted.

A visit by the Illinois Department of Public Health was made to the Morton Villa and the following (9) deficient citations were cited in this survey:

- a. K18 SS=E The facility failed to maintain corridor doors.
- b. K25 SS=E The facility failed to maintain a smoke barrier to provide compartmentalization of the facility.
- c. K45 SS=E The facility failed to maintain the path of egress from the exit discharge to the public way.
- d. K143 SS=E The facility failed to maintain proper signage at the Liquid Oxygen Room.
- e. K144 SS=F The facility failed to maintain the emergency generator.
- f. K145 SS=F The facility failed to maintain the Type 2 Essential Electric System.
- g. K147 SS=E The facility failed to maintain permanent electrical wiring in the kitchen / dining smoke zone.

- h. K154 SS=F The facility failed to establish a proper written Fire Watch Policy indicating the procedures that must be conducted when the automatic sprinkler system is out of service for more than 4 hours in a 24 hour period.
- i. K155 SS=F The facility failed to establish a proper written Fire Watch Policy indicating the procedures that must be conducted when the automatic sprinkler system is out of service for more than 4 hours in a 24 hour period.

4. March 9, 2016 Complaint Investigation #1621201/IL83824

A visit by the Illinois Department of Public Health was made to the Morton Villa and the following deficient citation was cited in this survey:

- a. F315 SS=D No Catheter, Prevent Urinary Tract Infections, Restore Bladder Licensure Finding: The facility failed to change gloves during catheter care. State finding included that the facility failed to thoroughly investigate a resident fall and implement new fall prevention interventions after fall. Complaint 83824 Complaint investigation resulted in an Administrative Warning. Facility failed to thoroughly investigate a resident fall and implement new fall prevention interventions after fall.

5. August 18, 2016 Complaint Investigation #1624609/IL87730

A visit by the Illinois Department of Public Health was made to the Morton Villa and the following citation was cited:

- a. F333 SS=D Residents Free of Significant Medication Errors: The facility failed to administer insulin as ordered by the physician.

6. January 10, 2016 Complaint Survey #1740171

A visit by the Illinois Department of Public Health was made referencing a complaint in nursing. No citations were found.

2016 Survey History for Rivershores Healthcare and Rehabilitation Centre, LLC

The surveys for the year 2016 equal a total of 31 citations.

1. April 8, 2016 Annual Health Inspection

A visit by the Illinois Department of Public Health was made to the Rivershores Healthcare and Rehabilitation Center and the following (15) deficient citations were cited in this survey.

- a. F164 SS=D Personal Privacy/Confidentiality of Records: The facility failed to provide for privacy of residents.
- b. F225 SS=D Investigate allegations of abuse: The facility failed to report allegation of mental and verbal abuse of residents.
- c. F226 SS=D Develop and Implement Abuse/Neglect Policies: The facility failed to follow abuse protocol.
- d. F280 SS=D Right to participate in Care Planning: The facility failed to update a resident care plan to address parenteral nutrition administration change from a central venous cath to a peripherally inserted central cath (PICC).
- e. F309 SS=D Provide Care / Services for Highest Well Being: Ensure Monitoring of an AV (Arterial Venous) graft site for thrill and bruit.
- f. E314 SS=D Treatment to prevent pressure areas: The facility failed to follow physician orders for treatment of a stage four pressure area.
- g. F325 SS=E Maintain Nutrition Status Unless Unavoidable: The facility failed to identify and report weight loss and accurately record food intakes.
- h. F328 SS=D Treatment/Care for Special Needs: The facility failed to complete dressing change treatments on a peripheral inserted central catheter (PICC) according to the physician order sheet.
- i. F332 SS=D Free of Medication Error Rates of 5% or more: The facility failed to administer the correct physician ordered eye drops, and failed to ensure medications were administered via gastrostomy tube.
- j. F363 SS=F Menus Meet Resident Needs: The facility failed to serve the correct serving size of food according to the dietary department standardized menus and failed to provide substitutions of similar nutritive value.
- k. F367 SS=D Therapeutic Diet Prescribed by Physician: The facility failed to serve food as prescribed according to physician orders.
- l. F371 SS=F Food Procurement/Store/Prepare/Sanitary: The facility failed to keep the kitchen exhaust hood, griddle, oven range, multiple cooling and freezer units and fan free from dust, food debris, and grease buildup.
- m. F388 SS=D Personal Visits by Physician: The facility failed to ensure that the physician was alternating resident encounters with the nurse practitioner for every other required visits.
- n. F441 SS=F The facility must establish and maintain an Infection Control Program: Program must be designed to provide a safe sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.

- o. F514 SS=D Resident Records-Complete/accurate/accessible: The facility failed to update the physician order sheet with the resident's current wishes regarding advanced directives.

2. April 18, 2016 Life Safety Annual Survey

A visit by the Illinois Department of Public Health was made to the Rivershores Healthcare and Rehabilitation Center and the following (16) deficient citations were cited in this survey:

- a. K12 SS=E Failed to maintain one hour fire rating.
- b. K25 SS=E Failed to maintain smoke barriers.
- c. K38 SS=E Failed to maintain exit discharge path into public ways.
- d. K50 SS=F Failed to conduct required number of fire drills.
- e. K51 SS=E Failed to maintain fire alarm system.
- f. K52 SS=F Failed to maintain heat detectors and pull stations.
- g. K54 SS=F Failed to maintain smoke detectors.
- h. K62 SS=F Failed to maintain automatic sprinkler systems.
- i. K63 SS=F Failed to maintain main drain and was not tested annually.
- j. K64 SS=F Failed to maintain each fire extinguisher.
- k. K66 SS=F Failed to maintain exterior of resident smoking areas safely.
- l. K67 SS=F Failed to maintain fire dampers.
- m. K69 SS=E Failed to maintain Kitchen Hood Suppression System.
- n. K144 SS= F Failed to maintain emergency generator.
- o. K145 SS=F Failed to maintain Type 2 Essential Electric System.
- p. K147 SS=E Failed to maintain permanent electrical wiring.

Since Central Illinois Management Services became introduced to this facility November 1, 2016, there have been two surveys resulting in (2) citations.

3. December 13, 2016 (IRI) Incident Report Investigation

A visit by the Illinois Department of Public Health was made to the Rivershores Healthcare and Rehabilitation Center and (1) deficient citation was cited in this survey. This was an (IRI) Incident Report Investigation survey that occurred as a result of a certified nurse aide not following protocol. The aide transferred a resident to the toilet and while she went to the room door to find help in transferring resident back to her wheelchair, the resident fell resulting in an injury requiring two staples to her forehead. The aide was disciplined with an action plan and all nurse aides were re-educated on safety measures while transferring/transporting residents. The facility is also doing continuous audit checks to ensure compliance and prevent re-occurrence of any such episodes:

- a. F323 SS=G Free of accident: The facility failed to provide supervision and identified interventions to prevent a fall.

4. December 28, 2016 Complaint Investigation 1627227/IL90605

- a. F332 D Free of Medication Error Rates of 5% Or More: Facility failed to administer medications as ordered by the physician to one resident.

EXHIBIT C

Cash Disbursements by Facility by Month
Comupter and Manual checks

Receivership Homes**Manual Checks November and December 2016**

Check#	Facility	Vendor	For	Date	Amount
36045	Capitol	Petty Cash	new petty cash box	11/15/2016	\$ 500.00
36046	Capitol	Compu-Solutions	IT Field review	12/2/2016	\$ 4,590.00
36125	Colonial	Petty Cash	new petty cash box	11/15/2016	\$ 500.00
36127	Colonial	Platinum billing	Nov invoice#382	12/2/2016	\$ 6,622.91
36145	Heights	Petty Cash	new petty cash box	11/15/2016	\$ 500.00
36146	Heights	Compu-Solutions	IT Field review	12/2/2016	\$ 4,590.00
36147	Heights	Platinum billing	Nov invoice #380	12/2/2016	\$ 7,847.58
36149	M. Terrace	Petty Cash	new petty cash box	11/15/2016	\$ 500.00
36150	M. Terrace	Compu-Solutions	IT Field review	12/2/2016	\$ 4,590.00
36151	M. Terrace	Joyce Ciyou	EE holiday giftcards	12/28/2017	\$ 2,450.00
36157	M. Villa	Petty Cash	new petty cash box	11/15/2016	\$ 500.00
36158	M.Villa	Compu-Solutions	IT Field review	12/2/2016	\$ 4,590.00
36159	M.Villa	Platinum billing	Nov invoice #379	12/2/2016	\$ 7,563.41
36160	M.Villa	Joyce Ciyou	Holiday giftcards \$25pp	12/28/2016	\$ 2,200.00
36161	M.Villa	Tazwell City DPH	food permit lic	12/29/2016	\$ 350.00
36165	Rivershores	Petty Cash	new petty cash box	11/15/2016	\$ 500.00
36166	Rivershores	Dietary Manager	COD dairy deliver reimb	11/15/2016	\$ 144.36
36167	Rivershores	Platinum billing	Nov invoice#383	12/2/2016	\$ 7,353.91
36168	Rivershores	Philadelphia Ins	Flood Ins Rivershrs	12/2/2016	\$ 7,138.00
36169	Rivershores	Compu-Solutions	IT Field review	12/2/2016	\$ 4,590.00

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Capitol Healthcare and Rehabilitation Centre - LLC - Springfield, IL - SNF

Check Register

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Check Numbers: 1 - 999999999 Bank: Operating Account

Check Number	Vendor Name	Remit to	Reference	Check/Reversal Date	Amount	Type	Status
4002	A-1 CORPORATE HARDWARE	A-1 CORPORATE HARDWARE	2-1	12/8/2016	\$1,166.59	Payment	
4000	ACCURATE BIOMETRICS, INC.	ACCURATE BIOMETRICS, INC.	1-1	12/6/2016	\$0.00	Payment	Void
4001	ACCURATE BIOMETRICS, INC.	ACCURATE BIOMETRICS, INC.	1-1	12/6/2016	\$500.00	Payment	
4003	ACHIEVE ACCREDITATION, LLC	ACHIEVE ACCREDITATION, LLC	2-2	12/8/2016	\$1,119.00	Payment	
4004	ALPHA BAKING COMPANY	ALPHA BAKING COMPANY	2-3	12/8/2016	\$798.59	Payment	
4005	AMEREN ILLINOIS	AMEREN ILLINOIS	2-4	12/8/2016	\$381.66	Payment	
4006	AMERICAN HERITAGE LIFE INS COMP	AMERICAN HERITAGE LIFE INS COMP	2-5	12/8/2016	\$6,293.08	Payment	
4032	AMERICAN HERITAGE LIFE INS COMP	AMERICAN HERITAGE LIFE INS COMP	5-1	12/19/2016	\$3,046.00	Payment	
4007	AT & T	AT & T	2-6	12/8/2016	\$1,482.29	Payment	
4008	CAPITOL HEALTHCARE AND REHABIL	CAPITOL HEALTHCARE AND REHABIL	2-7	12/8/2016	\$408.07	Payment	
4028	CAPITOL HEALTHCARE AND REHABIL	CAPITOL HEALTHCARE AND REHABIL	3-1	12/15/2016	\$500.00	Payment	
4033	CENTERS FOR MEDICARE & MEDICAID	CENTERS FOR MEDICARE & MEDICAID	5-2	12/19/2016	\$30,000.00	Payment	
4009	CITY OF CHICAGO DEPT OF WATER	CITY OF CHICAGO DEPT OF WATER	2-8	12/8/2016	\$142.50	Payment	
4009	CITY OF CHICAGO DEPT OF WATER	CITY OF CHICAGO DEPT OF WATER	2-1	12/8/2016	(\$142.50)	Payment	Reversed
4010	CITY WATER LIGHT & POWER	CITY WATER LIGHT & POWER	2-9	12/8/2016	\$15,122.85	Payment	
4011	Crowder Contracting	Crowder Contracting	2-10	12/8/2016	\$800.00	Payment	
4012	EDWARD DON & COMPANY	EDWARD DON & COMPANY	2-11	12/8/2016	\$1,779.04	Payment	
4034	GUARDIAN	GUARDIAN	5-3	12/19/2016	\$2,684.90	Payment	

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Check Number	Vendor Name	Remit to	Reference	Check/Reversal Date	Amount	Type	Status
4038	HEALTHCARE AND FAMILY SERVICES	HEALTHCARE AND FAMILY SERVICES	7-1	12/21/2016	\$51,564.65	Payment	
4040	ILLINOIS DEPARTMENT OF PUBLIC	ILLINOIS DEPARTMENT OF PUBLIC	8-1	12/23/2016	\$1,990.00	Payment	
4013	IMPACT TELECOM	IMPACT TELECOM	2-12	12/8/2016	\$762.34	Payment	
4037	Joyce Ciyou	Joyce Ciyou	6-1	12/20/2016	\$11,086.00	Payment	
4035	KIMBERLY SPENCER	KIMBERLY SPENCER	5-4	12/19/2016	\$1,229.80	Payment	
4014	KONE, INC.	KONE, INC.	2-13	12/8/2016	\$928.31	Payment	
4015	LIVING DESIGN, INC	LIVING DESIGN, INC	2-14	12/8/2016	\$316.87	Payment	
4039	MCIM	MCIM	7-2	12/21/2016	\$18,063.00	Payment	
4016	MEDLINE INDUSTRIES, INC	MEDLINE INDUSTRIES, INC	2-15	12/8/2016	\$6,624.25	Payment	
4017	OFFICE DEPOT	OFFICE DEPOT	2-16	12/8/2016	\$410.12	Payment	
4018	PRAIRIE FARMS - PEORIA DIVISION	PRAIRIE FARMS - PEORIA DIVISION	2-17	12/8/2016	\$1,177.25	Payment	
4019	SECRETARY OF STATE	SECRETARY OF STATE	2-18	12/8/2016	\$250.00	Payment	
4020	SEIU HCII	SEIU HCII	2-19	12/8/2016	\$2,432.00	Payment	
4021	SISCO	SISCO	2-20	12/8/2016	\$3,065.61	Payment	
4036	SISCO	SISCO	5-5	12/19/2016	\$2,821.07	Payment	
4022	TANDEM PES OF ILLINOIS INC	TANDEM PES OF ILLINOIS INC	2-21	12/8/2016	\$35,612.68	Payment	
4030	TCF EQUIPMENT FINANCE, INC.	TCF EQUIPMENT FINANCE, INC.	4-1	12/16/2016	\$0.00	Payment	Void
4031	TCF EQUIPMENT FINANCE, INC.	TCF EQUIPMENT FINANCE, INC.	4-1	12/16/2016	\$1,200.00	Payment	
4029	TCF EQUIPMENT FINANCE, INC.	TCF EQUIPMENT FINANCE, INC.	3-2	12/15/2016	\$1,200.00	Payment	
4024	TPC	TPC	2-22	12/8/2016	\$0.00	Payment	Void
4025	TPC	TPC	2-22	12/8/2016	\$0.00	Payment	Void
4026	TPC	TPC	2-22	12/8/2016	\$0.00	Payment	Void
4023	TPC	TPC	2-22	12/8/2016	\$17,717.30	Payment	

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Check Number	Vendor Name	Remit to	Reference	Check/Reversal Date	Amount	Type	Status
4027	WELLS FARGO VENDOR FIN SERV	WELLS FARGO VENDOR FIN SERV	2-23	12/8/2016	\$10,650.78	Payment	
Summary							
36 check(s) issued		\$235,326.60					
5 check(s) voided		\$0.00					
1 check(s) reversed		(\$142.50)					
0 direct payment(s) issued		\$0.00					

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Check Numbers: 1 - 999999999		Bank: Operating Account							
Check Number	Vendor Name	Remit to	Reference	Check/Reversal Date	Amount	Type	Status		
4001	ACCURATE BIOMETRICS, INC.	ACCURATE BIOMETRICS, INC.	1-1	12/6/2016	\$500.00	Payment			
4002	AMERICAN HERITAGE LIFE INS COMP	AMERICAN HERITAGE LIFE INS COMP	3-1	12/8/2016	\$2,715.04	Payment			
4035	AMERICAN HERITAGE LIFE INS COMP	AMERICAN HERITAGE LIFE INS COMP	6-1	12/19/2016	\$1,357.52	Payment			
4003	ARIN PETERSON P.C.	ARIN PETERSON P.C.	3-2	12/8/2016	\$128.65	Payment			
4004	BIMBO FOOD INC	BIMBO FOOD INC	3-3	12/8/2016	\$88.78	Payment			
4005	BUREAU & PUTNAM COUNTY HEALTH D	BUREAU & PUTNAM COUNTY HEALTH D	3-4	12/8/2016	\$300.00	Payment			
4006	COLONIAL HEALTHCARE AND REHABIL	COLONIAL HEALTHCARE AND REHABIL	3-5	12/8/2016	\$182.66	Payment			
4029	COLONIAL HEALTHCARE AND REHABIL	COLONIAL HEALTHCARE AND REHABIL	4-1	12/15/2016	\$300.00	Payment			
4007	EDWARD DON & COMPANY	EDWARD DON & COMPANY	3-6	12/8/2016	\$626.41	Payment			
4008	FRONTIER COMMUNICATIONS	FRONTIER COMMUNICATIONS	3-7	12/8/2016	\$672.34	Payment			
4009	FYR FYTER, INC	FYR FYTER, INC	3-8	12/8/2016	\$379.26	Payment			
4030	GATEWAY SERVICES INC	GATEWAY SERVICES INC	4-2	12/15/2016	\$173.00	Payment			
4010	GREGG E. DAVIS, MD, LTD	GREGG E. DAVIS, MD, LTD	3-9	12/8/2016	\$1,000.00	Payment			
4011	GUARDIAN	GUARDIAN	3-10	12/8/2016	\$1,688.92	Payment			
4036	GUARDIAN	GUARDIAN	6-2	12/19/2016	\$1,502.56	Payment			
4038	HEALTHCARE AND FAMILY SERVICES	HEALTHCARE AND FAMILY SERVICES	7-1	12/21/2016	\$21,609.20	Payment			
4012	HEALTHCARE SERVICES GROUP, INC	HEALTHCARE SERVICES GROUP, INC	3-11	12/8/2016	\$18,908.67	Payment			
4013	IMPACT TELECOM	IMPACT TELECOM	3-12	12/8/2016	\$1,027.13	Payment			
4014	INNOVATIVE COST SOLUTIONS, INC.	INNOVATIVE COST SOLUTIONS, INC.	3-13	12/8/2016	\$14.52	Payment			
4039	MCIM	MCIM	7-2	12/21/2016	\$6,548.00	Payment			
4015	MEDLINE INDUSTRIES, INC	MEDLINE INDUSTRIES, INC	3-14	12/8/2016	\$5,941.41	Payment			

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Colonial Healthcare and Rehabilitation Centre, LLC - Princeton, IL - SNF
Check Register
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Check Number	Vendor Name	Remit to	Reference	Check/Reversal Date	Amount	Type	Status
4016	PATTERSON MEDICAL	PATTERSON MEDICAL	3-15	12/8/2016	\$76.70	Payment	
4017	PRAIRIE FARMS - PEORIA DIVISION	PRAIRIE FARMS - PEORIA DIVISION	3-16	12/8/2016	\$695.00	Payment	
4018	PRINCETON AREA CHAMBER OF COMME	PRINCETON AREA CHAMBER OF COMME	3-17	12/8/2016	\$250.00	Payment	
4031	PURCHASE POWER	PURCHASE POWER	4-3	12/15/2016	\$500.00	Payment	
4019	R L SPECIALTY COMPANY	R L SPECIALTY COMPANY	3-18	12/8/2016	\$347.22	Payment	
4020	SAFEGUARD BUSINESS SYSTEMS	SAFEGUARD BUSINESS SYSTEMS	3-19	12/8/2016	\$245.90	Payment	
4021	SECRETARY OF STATE	SECRETARY OF STATE	3-20	12/8/2016	\$250.00	Payment	
4022	SISCO	SISCO	3-21	12/8/2016	\$4,216.98	Payment	
4037	SISCO	SISCO	6-3	12/19/2016	\$4,216.98	Payment	
4023	SULLIVAN'S FOOD	SULLIVAN'S FOOD	3-22	12/8/2016	\$78.81	Payment	
4024	TANDEM PES OF ILLINOIS INC	TANDEM PES OF ILLINOIS INC	3-23	12/8/2016	\$25,756.80	Payment	
4025	TCF EQUIPMENT FINANCE, INC.	TCF EQUIPMENT FINANCE, INC.	3-24	12/8/2016	\$938.09	Payment	
4032	TCF EQUIPMENT FINANCE, INC.	TCF EQUIPMENT FINANCE, INC.	1-1	12/15/2016	(\$1,200.00)	Payment	Reversed
4032	TCF EQUIPMENT FINANCE, INC.	TCF EQUIPMENT FINANCE, INC.	4-4	12/15/2016	\$1,200.00	Payment	
4034	TCF EQUIPMENT FINANCE, INC.	TCF EQUIPMENT FINANCE, INC.	5-1	12/16/2016	\$938.09	Payment	
4027	TPC	TPC	3-25	12/8/2016	\$0.00	Payment	Void
4026	TPC	TPC	3-25	12/8/2016	\$7,048.93	Payment	
4028	WASHBURN MACHINERY, INC	WASHBURN MACHINERY, INC	3-26	12/8/2016	\$173.11	Payment	

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Summary	
37 check(s) issued	\$112,596.68
1 check(s) voided	\$0.00
1 check(s) reversed	(\$1,200.00)
0 direct payment(s) issued	\$0.00

Date: Jan 17, 2017
Time: 12:47:11 CT
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The Heights Healthcare and Rehab Centre, LLC - Peoria Heights, IL - SNF

Check Register

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Check Numbers: 1 - 999999999 Bank: Operating Account

Check Number	Vendor Name	Remit to	Reference	Check/Reversal Date	Amount	Type	Status
4001	AAA CERTIFIED CONFIDENTIAL SECU	AAA CERTIFIED CONFIDENTIAL SECU	2-1	12/8/2016	\$0.00	Payment	Void
4044	AAA CERTIFIED CONFIDENTIAL SECU	AAA CERTIFIED CONFIDENTIAL SECU	2-1	12/8/2016	\$65.52	Payment	
4000	ACCURATE BIOMETRICS, INC.	ACCURATE BIOMETRICS, INC.	1-1	12/6/2016	\$500.00	Payment	
4045	ACHIEVE ACCREDITATION, LLC	ACHIEVE ACCREDITATION, LLC	2-2	12/8/2016	\$1,988.55	Payment	
4002	ACHIEVE ACCREDITATION, LLC	ACHIEVE ACCREDITATION, LLC	2-2	12/8/2016	\$0.00	Payment	Void
4003	ALPHA BAKING COMPANY	ALPHA BAKING COMPANY	2-3	12/8/2016	\$0.00	Payment	Void
4046	ALPHA BAKING COMPANY	ALPHA BAKING COMPANY	2-3	12/8/2016	\$414.45	Payment	
4047	AMEREN ILLINOIS	AMEREN ILLINOIS	2-4	12/8/2016	\$320.81	Payment	
4004	AMEREN ILLINOIS	AMEREN ILLINOIS	2-4	12/8/2016	\$0.00	Payment	Void
4005	AMERICAN HERITAGE LIFE INS COMP	AMERICAN HERITAGE LIFE INS COMP	2-5	12/8/2016	\$0.00	Payment	Void
4048	AMERICAN HERITAGE LIFE INS COMP	AMERICAN HERITAGE LIFE INS COMP	2-5	12/8/2016	\$4,169.60	Payment	
4049	AT & T	AT & T	2-6	12/8/2016	\$674.89	Payment	
4006	AT & T	AT & T	2-6	12/8/2016	\$0.00	Payment	Void
4007	BIRD IN THE HAND STAFFING	BIRD IN THE HAND STAFFING 2-7		12/8/2016	\$0.00	Payment	Void
4050	BIRD IN THE HAND STAFFING	BIRD IN THE HAND STAFFING 2-7		12/8/2016	\$3,666.00	Payment	
4051	COMCAST	COMCAST	2-8	12/8/2016	\$154.35	Payment	
4008	COMCAST	COMCAST	2-8	12/8/2016	\$0.00	Payment	Void
4009	COPPERFIELD COMMUNICATIONS & EL	COPPERFIELD COMMUNICATIONS & EL	2-9	12/8/2016	\$0.00	Payment	Void
4052	COPPERFIELD COMMUNICATIONS & EL	COPPERFIELD COMMUNICATIONS & EL	2-9	12/8/2016	\$1,255.50	Payment	
4053	ECOLAB	ECOLAB	2-10	12/8/2016	\$228.46	Payment	
4010	ECOLAB	ECOLAB	2-10	12/8/2016	\$0.00	Payment	Void

Date: Jan 17, 2017
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User: Elaine Ayot

The Heights Healthcare and Rehab Centre, LLC - Peoria Heights, IL - SNF
Check Register
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Check Number	Vendor Name	Remit to	Reference	Check/Reversal Date	Amount	Type	Status
4011	EDWARD DON & COMPANY	EDWARD DON & COMPANY	2-11	12/8/2016	\$0.00	Payment	Void
4054	EDWARD DON & COMPANY	EDWARD DON & COMPANY	2-11	12/8/2016	\$1,100.95	Payment	
4090	FRITCH HEATING AND COOLING	FRITCH HEATING AND COOLING	4-1	12/15/2016	\$84.50	Payment	
4055	FRITSCH CUSTOM FINISHES	FRITSCH CUSTOM FINISHES	2-12	12/8/2016	\$84.50	Payment	
4055	FRITSCH CUSTOM FINISHES	FRITSCH CUSTOM FINISHES	2-1	12/8/2016	(\$84.50)	Payment	Reversed
4012	FRITSCH CUSTOM FINISHES	FRITSCH CUSTOM FINISHES	2-12	12/8/2016	\$0.00	Payment	Void
4013	GETZ FIRE EQUIPMENT	GETZ FIRE EQUIPMENT	2-13	12/8/2016	\$0.00	Payment	Void
4056	GETZ FIRE EQUIPMENT	GETZ FIRE EQUIPMENT	2-13	12/8/2016	\$232.00	Payment	
4057	GREATER PEORIA SANITARY DISTRICT	GREATER PEORIA SANITARY DISTRICT	2-14	12/8/2016	\$898.16	Payment	
4014	GREATER PEORIA SANITARY DISTRICT	GREATER PEORIA SANITARY DISTRICT	2-14	12/8/2016	\$0.00	Payment	Void
4015	HD SUPPLY FACILITIES MAINTENANCE	HD SUPPLY FACILITIES MAINTENANCE	2-15	12/8/2016	\$0.00	Payment	Void
4058	HD SUPPLY FACILITIES MAINTENANCE	HD SUPPLY FACILITIES MAINTENANCE	2-15	12/8/2016	\$62.19	Payment	
4098	HEALTHCARE AND FAMILY SERVICES	HEALTHCARE AND FAMILY SERVICES	8-1	12/21/2016	\$29,395.86	Payment	
4059	HEALTHCARE SERVICES GROUP, INC	HEALTHCARE SERVICES GROUP, INC	2-16	12/8/2016	\$25,716.00	Payment	
4016	HEALTHCARE SERVICES GROUP, INC	HEALTHCARE SERVICES GROUP, INC	2-16	12/8/2016	\$0.00	Payment	Void
4017	IMPACT TELECOM	IMPACT TELECOM	2-17	12/8/2016	\$0.00	Payment	Void

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Check Number	Vendor Name	Remit to	Reference	Check/Reversal Date	Amount	Type	Status
4060	IMPACT TELECOM	IMPACT TELECOM	2-17	12/8/2016	\$860.97	Payment	
4061	INNOVATIVE COST SOLUTIONS, INC.	INNOVATIVE COST SOLUTIONS, INC.	2-18	12/8/2016	\$91.39	Payment	
4018	INNOVATIVE COST SOLUTIONS, INC.	INNOVATIVE COST SOLUTIONS, INC.	2-18	12/8/2016	\$0.00	Payment	Void
4019	LEASE CONSULTANTS CORPORATION	LEASE CONSULTANTS CORPORATION	2-19	12/8/2016	\$0.00	Payment	Void
4062	LEASE CONSULTANTS CORPORATION	LEASE CONSULTANTS CORPORATION	2-19	12/8/2016	\$468.63	Payment	
4094	LEASE CONSULTANTS CORPORATION	LEASE CONSULTANTS CORPORATION	5-1	12/16/2016	\$468.63	Payment	
4063	M L ENTERPRISES	M L ENTERPRISES	2-20	12/8/2016	\$485.60	Payment	
4020	M L ENTERPRISES	M L ENTERPRISES	2-20	12/8/2016	\$0.00	Payment	Void
4021	MANAGEMENT AND NETWORK SERVICES	MANAGEMENT AND NETWORK SERVICES	2-21	12/8/2016	\$0.00	Payment	Void
4064	MANAGEMENT AND NETWORK SERVICES	MANAGEMENT AND NETWORK SERVICES	2-21	12/8/2016	\$750.00	Payment	
4099	MCIM	MCIM	8-2	12/21/2016	\$7,548.00	Payment	
4065	MEDLINE INDUSTRIES, INC	MEDLINE INDUSTRIES, INC	2-22	12/8/2016	\$7,807.01	Payment	
4022	MEDLINE INDUSTRIES, INC	MEDLINE INDUSTRIES, INC	2-22	12/8/2016	\$0.00	Payment	Void
4023	MELANIES CONSULTING SERVICE INC	MELANIES CONSULTING SERVICE INC	2-23	12/8/2016	\$0.00	Payment	Void
4066	MELANIES CONSULTING SERVICE INC	MELANIES CONSULTING SERVICE INC	2-23	12/8/2016	\$510.00	Payment	
4087	NATIONAL DATACARE CORP	NATIONAL DATACARE CORP	3-1	12/9/2016	\$148.48	Payment	

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Check Number	Vendor Name	Remit to	Reference	Check/Reversal Date	Amount	Type	Status
4067	OBERLANDER ALARM SYSTEMS, INC	OBERLANDER ALARM SYSTEMS, INC	2-24	12/8/2016	\$178.00	Payment	
4024	OBERLANDER ALARM SYSTEMS, INC	OBERLANDER ALARM SYSTEMS, INC	2-24	12/8/2016	\$0.00	Payment	Void
4025	OFFICE DEPOT	OFFICE DEPOT	2-25	12/8/2016	\$0.00	Payment	Void
4068	OFFICE DEPOT	OFFICE DEPOT	2-25	12/8/2016	\$370.91	Payment	
4069	OGBORN PLUMBING, INC	OGBORN PLUMBING, INC	2-26	12/8/2016	\$218.02	Payment	
4026	OGBORN PLUMBING, INC	OGBORN PLUMBING, INC	2-26	12/8/2016	\$0.00	Payment	Void
4027	PDC SERVICES INC	PDC SERVICES INC	2-27	12/8/2016	\$0.00	Payment	Void
4070	PDC SERVICES INC	PDC SERVICES INC	2-27	12/8/2016	\$405.00	Payment	
4071	PEORIA CITY/COUNTY HEALTH DEPAR	PEORIA CITY/COUNTY HEALTH DEPAR	2-28	12/8/2016	\$520.00	Payment	
4028	PEORIA CITY/COUNTY HEALTH DEPAR	PEORIA CITY/COUNTY HEALTH DEPAR	2-28	12/8/2016	\$0.00	Payment	Void
4029	PNC EQUIPMENTFINANCE, LLC	PNC EQUIPMENTFINANCE, LLC	2-29	12/8/2016	\$0.00	Payment	Void
4072	PNC EQUIPMENTFINANCE, LLC	PNC EQUIPMENTFINANCE, LLC	2-29	12/8/2016	\$2,324.38	Payment	
4073	PRAIRIE FARMS - PEORIA DIVISION	PRAIRIE FARMS - PEORIA DIVISION	2-30	12/8/2016	\$972.40	Payment	
4030	PRAIRIE FARMS - PEORIA DIVISION	PRAIRIE FARMS - PEORIA DIVISION	2-30	12/8/2016	\$0.00	Payment	Void
4031	SAFEGUARD BUSINESS SYSTEMS	SAFEGUARD BUSINESS SYSTEMS	2-31	12/8/2016	\$0.00	Payment	Void
4074	SAFEGUARD BUSINESS SYSTEMS	SAFEGUARD BUSINESS SYSTEMS	2-31	12/8/2016	\$245.90	Payment	
4075	SCENTAIR	SCENTAIR	2-32	12/8/2016	\$211.10	Payment	Void
4032	SCENTAIR	SCENTAIR	2-32	12/8/2016	\$0.00	Payment	Void
4033	SECRETARY OF STATE	SECRETARY OF STATE	2-33	12/8/2016	\$0.00	Payment	Void
4088	SECRETARY OF STATE	SECRETARY OF STATE	3-2	12/9/2016	\$250.00	Payment	
4076	SECRETARY OF STATE	SECRETARY OF STATE	1-1	12/8/2016	(\$500.00)	Payment	Reversed
4076	SECRETARY OF STATE	SECRETARY OF STATE	2-33	12/8/2016	\$500.00	Payment	

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Check Number	Vendor Name	Remit to	Reference	Check/Reversal Date	Amount	Type	Status
4096	SISCO	SISCO	6-1	12/8/2016	\$5,939.57	Payment	
4097	SISCO	SISCO	7-1	12/19/2016	\$4,865.57	Payment	
4034	SISCO	SISCO	2-34	12/8/2016	\$0.00	Payment	Void
4077	SISCO	SISCO	2-34	12/8/2016	\$955.62	Payment	
4078	TANDEM PES OF ILLINOIS INC	TANDEM PES OF ILLINOIS INC	2-35	12/8/2016	\$3,751.84	Payment	
4035	TANDEM PES OF ILLINOIS INC	TANDEM PES OF ILLINOIS INC	2-35	12/8/2016	\$0.00	Payment	Void
4095	TCF EQUIPMENT FINANCE, INC.	TCF EQUIPMENT FINANCE, INC.	5-2	12/16/2016	\$1,200.00	Payment	
4091	TCF EQUIPMENT FINANCE, INC.	TCF EQUIPMENT FINANCE, INC.	4-2	12/15/2016	\$1,200.00	Payment	
4092	THE HEIGHTS HEALTHCARE AND REHA	THE HEIGHTS HEALTHCARE AND REHA	4-3	12/15/2016	\$664.04	Payment	
4089	THE HEIGHTS HEALTHCARE AND REHA	THE HEIGHTS HEALTHCARE AND REHA	3-3	12/9/2016	\$310.15	Payment	
4036	THE HEIGHTS HEALTHCARE AND REHA	THE HEIGHTS HEALTHCARE AND REHA	2-36	12/8/2016	\$0.00	Payment	Void
4079	THE HEIGHTS HEALTHCARE AND REHA	THE HEIGHTS HEALTHCARE AND REHA	2-36	12/8/2016	\$385.00	Payment	
4080	TPC	TPC	2-37	12/8/2016	\$12,338.40	Payment	
4037	TPC	TPC	2-37	12/8/2016	\$0.00	Payment	Void
4081	TPC	TPC	2-37	12/8/2016	\$0.00	Payment	Void
4082	TPC	TPC	2-37	12/8/2016	\$0.00	Payment	Void
4083	TPC	TPC	2-37	12/8/2016	\$0.00	Payment	Void
4038	TPC	TPC	2-37	12/8/2016	\$0.00	Payment	Void
4039	TPC	TPC	2-37	12/8/2016	\$0.00	Payment	Void
4040	TPC	TPC	2-37	12/8/2016	\$0.00	Payment	Void
4041	TRIPLECARE, INC	TRIPLECARE, INC	2-38	12/8/2016	\$0.00	Payment	Void
4084	TRIPLECARE, INC	TRIPLECARE, INC	2-38	12/8/2016	\$2,700.00	Payment	
4085	TWIN MED, LLC	TWIN MED, LLC	2-39	12/8/2016	\$38.60	Payment	
4042	TWIN MED, LLC	TWIN MED, LLC	2-39	12/8/2016	\$0.00	Payment	Void

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Check Number	Vendor Name	Remit to	Reference	Check/Reversal Date	Amount	Type	Status
4043	UFCW LOCAL 536	UFCW LOCAL 536	2-40	12/8/2016	\$0.00	Payment	Void
4086	UFCW LOCAL 536	UFCW LOCAL 536	2-40	12/8/2016	\$1,120.00	Payment	
Summary							
53 check(s) issued					\$131,835.50		
46 check(s) voided					\$0.00		
2 check(s) reversed					(\$584.50)		
0 direct payment(s) issued					\$0.00		

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Check Number	Vendor Name	Remit to	Reference	Check/Reversal Date	Amount	Type	Status
1	ACCURATE BIOMETRICS, INC.	ACCURATE BIOMETRICS, INC.	1-1	12/6/2016	\$0.00	Payment	Void
4000	ACCURATE BIOMETRICS, INC.	ACCURATE BIOMETRICS, INC.	1-1	12/6/2016	\$500.00	Payment	
4001	AFFILIATED HOME CENTER	AFFILIATED HOME CENTER	2-1	12/8/2016	\$13.89	Payment	
4002	ALPHA BAKING COMPANY	ALPHA BAKING COMPANY	2-2	12/8/2016	\$312.03	Payment	
4003	AMERICAN HERITAGE LIFE INS COMP	AMERICAN HERITAGE LIFE INS COMP	2-3	12/8/2016	\$2,592.40	Payment	
4024	AMERICAN HERITAGE LIFE INS COMP	AMERICAN HERITAGE LIFE INS COMP	6-1	12/19/2016	\$1,104.28	Payment	
4004	BRIGGS HEALTHCARE	BRIGGS HEALTHCARE	2-4	12/8/2016	\$520.65	Payment	
4023	CUSTOM CARE EQUIPMENT SALES, IN	CUSTOM CARE EQUIPMENT SALES, IN	5-1	12/16/2016	\$1,128.58	Payment	
4005	ECOLAB	ECOLAB	2-5	12/8/2016	\$91.88	Payment	
4006	ENERGY ME	ENERGY ME	2-6	12/8/2016	\$3,195.48	Payment	
4026	HEALTHCARE AND FAMILY SERVICES	HEALTHCARE AND FAMILY SERVICES	7-1	12/21/2016	\$34,362.27	Payment	
4007	ILLINOIS DEPARTMENT OF PUBLIC	ILLINOIS DEPARTMENT OF PUBLIC	2-7	12/8/2016	\$16,250.00	Payment	
4027	MCIM	MCIM	7-2	12/21/2016	\$9,826.00	Payment	
4008	MCKESSON MEDICAL-SURGICAL	MCKESSON MEDICAL-SURGICAL	2-8	12/8/2016	\$2,395.21	Payment	
4019	MORTON TERRACE HEALTHCARE AND R	MORTON TERRACE HEALTHCARE AND R	3-1	12/9/2016	\$251.76	Payment	
4020	MORTON TERRACE HEALTHCARE AND R	MORTON TERRACE HEALTHCARE AND R	4-1	12/15/2016	\$350.00	Payment	

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Check Number	Vendor Name	Remit to	Reference	Check/Reversal Date	Amount	Type	Status
4009	OFFICE DEPOT	OFFICE DEPOT	2-9	12/8/2016	\$326.55	Payment	
4021	PURCHASE POWER	PURCHASE POWER	4-2	12/15/2016	\$964.79	Payment	
4010	SAFEGUARD BUSINESS SYSTEMS	SAFEGUARD BUSINESS SYSTEMS	2-10	12/8/2016	\$245.90	Payment	
4011	SECRETARY OF STATE	SECRETARY OF STATE	2-11	12/8/2016	\$250.00	Payment	
4012	SHERWIN-WILLIAMS CO.	SHERWIN-WILLIAMS CO.	2-12	12/8/2016	\$33.46	Payment	
4025	SISCO	SISCO	6-2	12/19/2016	\$597.82	Payment	
4013	STAFF OF LIFE, INC	STAFF OF LIFE, INC	2-13	12/8/2016	\$166.50	Payment	
4014	STELLAR PRIVATE CABLE SYSTEMS,	STELLAR PRIVATE CABLE SYSTEMS, 2-14		12/8/2016	\$2,815.98	Payment	
4015	TANDEM PES OF ILLINOIS INC	TANDEM PES OF ILLINOIS INC	2-15	12/8/2016	\$7,754.00	Payment	
4016	TAZEWELL COUNTY HEALTH DEPARTME	TAZEWELL COUNTY HEALTH DEPARTME	2-16	12/8/2016	\$350.00	Payment	
4017	TCF EQUIPMENT FINANCE, INC.	TCF EQUIPMENT FINANCE, INC.	2-17	12/8/2016	\$1,236.39	Payment	
4018	UFCW LOCAL 536	UFCW LOCAL 536	2-18	12/8/2016	\$1,647.00	Payment	
Summary							
27 check(s) issued					\$89,282.82		
1 check(s) voided					\$0.00		
0 check(s) reversed					\$0.00		
0 direct payment(s) issued					\$0.00		

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Check Number	Vendor Name	Remit to	Reference	Check/Reversal Date	Amount	Type	Status
4001	AAA CERTIFIED CONFIDENTIAL SECU	AAA CERTIFIED CONFIDENTIAL SECU	2-1	12/8/2016	\$35.00	Payment	
4000	ACCURATE BIOMETRICS, INC.	ACCURATE BIOMETRICS, INC.	1-1	12/6/2016	\$500.00	Payment	
4002	ALPHA BAKING COMPANY	ALPHA BAKING COMPANY	2-2	12/8/2016	\$387.04	Payment	
4003	AMERICAN HERITAGE LIFE INS COMP	AMERICAN HERITAGE LIFE INS COMP	2-3	12/8/2016	\$2,657.44	Payment	
4032	AMERICAN HERITAGE LIFE INS COMP	AMERICAN HERITAGE LIFE INS COMP	6-1	12/19/2016	\$971.84	Payment	
4004	BIOLOGIX	BIOLOGIX	2-4	12/8/2016	\$140.00	Payment	
4005	CUSTOM CARE EQUIPMENT SALES, IN	CUSTOM CARE EQUIPMENT SALES, IN	2-5	12/8/2016	\$90.79	Payment	
4006	ENERGY ME	ENERGY ME	2-6	12/8/2016	\$4,906.82	Payment	
4007	FEDERAL EXPRESS	FEDERAL EXPRESS	2-7	12/8/2016	\$6.09	Payment	
4008	GRAINGER, INC	GRAINGER, INC	2-8	12/8/2016	\$25.11	Payment	
4009	HD SUPPLY FACILITIES MAINTENANC	HD SUPPLY FACILITIES MAINTENANC	2-9	12/8/2016	\$559.76	Payment	
4034	HEALTHCARE AND FAMILY SERVICES	HEALTHCARE AND FAMILY SERVICES	7-1	12/21/2016	\$25,918.90	Payment	
4010	ILLINOIS DEPARTMENT OF PUBLIC	ILLINOIS DEPARTMENT OF PUBLIC	2-10	12/8/2016	\$3,980.00	Payment	
4011	KOCH FAMILY MEDICINE	KOCH FAMILY MEDICINE	2-11	12/8/2016	\$750.00	Payment	
4031	LEASE CONSULTANTS CORPORATION	LEASE CONSULTANTS CORPORATION	5-1	12/16/2016	\$799.32	Payment	
4012	M L ENTERPRISES	M L ENTERPRISES	2-12	12/8/2016	\$524.03	Payment	
4013	MANAGEMENT AND NETWORK SERVICES	MANAGEMENT AND NETWORK SERVICES	2-13	12/8/2016	\$750.00	Payment	
4035	MCIM	MCIM	7-2	12/21/2016	\$8,031.00	Payment	

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Check Number	Vendor Name	Remit to	Reference	Check/Reversal Date	Amount	Type	Status
4014	MCKESSON MEDICAL-SURGICAL	MCKESSON MEDICAL-SURGICAL	2-14	12/8/2016	\$2,432.57	Payment	
4015	MORTON VILLA HEALTHCARE AND REH	MORTON VILLA HEALTHCARE AND REH	2-15	12/8/2016	\$570.14	Payment	
4029	MORTON VILLA HEALTHCARE AND REH	MORTON VILLA HEALTHCARE AND REH	4-1	12/15/2016	\$300.00	Payment	
4028	NATIONAL DATACARE CORP	NATIONAL DATACARE CORP	3-1	12/9/2016	\$168.20	Payment	
4016	OFFICE DEPOT	OFFICE DEPOT	2-16	12/8/2016	\$76.93	Payment	
4017	PDC SERVICES INC	PDC SERVICES INC	2-17	12/8/2016	\$497.40	Payment	
4018	PRAIRIE FARMS - PEORIA DIVISION	PRAIRIE FARMS - PEORIA DIVISION	2-18	12/8/2016	\$478.28	Payment	
4019	SAFEGUARD BUSINESS SYSTEMS	SAFEGUARD BUSINESS SYSTEMS	2-19	12/8/2016	\$245.90	Payment	
4020	SECRETARY OF STATE	SECRETARY OF STATE	2-20	12/8/2016	\$250.00	Payment	
4021	SHERWIN-WILLIAMS CO.	SHERWIN-WILLIAMS CO.	2-21	12/8/2016	\$115.03	Payment	
4022	SISCO	SISCO	2-22	12/8/2016	\$2,383.38	Payment	
4033	SISCO	SISCO	6-2	12/19/2016	\$2,367.38	Payment	
4023	SMARTLINX SOLUTIONS, LLC	SMARTLINX SOLUTIONS, LLC	2-23	12/8/2016	\$487.57	Payment	
4024	TANDEM PES OF ILLINOIS INC	TANDEM PES OF ILLINOIS INC	2-24	12/8/2016	\$3,431.14	Payment	
4025	TPC	TPC	2-25	12/8/2016	\$6,841.92	Payment	
4026	UFCW LOCAL 536	UFCW LOCAL 536	2-26	12/8/2016	\$960.00	Payment	
4027	WALZ SCALE INC	WALZ SCALE INC	2-27	12/8/2016	\$90.00	Payment	
Summary							
35 check(s) issued					\$72,728.98		
0 check(s) voided					\$0.00		
0 check(s) reversed					\$0.00		
0 direct payment(s) issued					\$0.00		

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Check Number	Vendor Name	Remit to	Reference	Check/Reversal Date	Amount	Type	Status
4000	ACCURATE BIOMETRICS, INC.	ACCURATE BIOMETRICS, INC.	1-1	12/6/2016	\$500.00	Payment	
4001	ALPHA BAKING COMPANY	ALPHA BAKING COMPANY	2-1	12/8/2016	\$629.07	Payment	
4002	AMERICAN HERITAGE LIFE INS COMP	AMERICAN HERITAGE LIFE INS COMP	2-2	12/8/2016	\$1,687.00	Payment	
4044	AMERICAN HERITAGE LIFE INS COMP	AMERICAN HERITAGE LIFE INS COMP	5-1	12/19/2016	\$3,198.20	Payment	
4047	AMERICAN HERITAGE LIFE INS COMP	AMERICAN HERITAGE LIFE INS COMP	6-1	12/21/2016	\$1,752.16	Payment	
4003	AQUA SOLUTIONS BY CULLIGAN	AQUA SOLUTIONS BY CULLIGAN	2-3	12/8/2016	\$180.05	Payment	
4004	CITY OF MARSEILLES	CITY OF MARSEILLES	2-4	12/8/2016	\$4,298.30	Payment	
4005	CONSTELLATION NEW ENERGY GAS DI	CONSTELLATION NEW ENERGY GAS DI	2-5	12/8/2016	\$784.02	Payment	
4006	ECOLAB	ECOLAB	2-6	12/8/2016	\$91.88	Payment	
4007	EDWARD DON & COMPANY	EDWARD DON & COMPANY	2-7	12/8/2016	\$1,336.86	Payment	
4008	ENERGY ME	ENERGY ME	2-8	12/8/2016	\$4,146.83	Payment	
4009	FAST TRACK PRINTING & GRAPHICS	FAST TRACK PRINTING & GRAPHICS	2-9	12/8/2016	\$29.32	Payment	
4010	GUARDIAN	GUARDIAN	2-10	12/8/2016	\$1,065.14	Payment	
4045	GUARDIAN	GUARDIAN	5-2	12/19/2016	\$1,307.78	Payment	
4048	HEALTHCARE AND FAMILY SERVICES	HEALTHCARE AND FAMILY SERVICES	6-2	12/21/2016	\$27,788.06	Payment	
4011	HEALTHCARE SERVICES GROUP, INC	HEALTHCARE SERVICES GROUP, INC	2-11	12/8/2016	\$19,086.42	Payment	
4012	JIVETEL	JIVETEL	2-12	12/8/2016	\$811.14	Payment	
4037	JIVETEL	JIVETEL	3-1	12/15/2016	\$811.14	Payment	
4013	LASALLE COUNTY HEALTH DEPARTMEN	LASALLE COUNTY HEALTH DEPARTMEN	2-13	12/8/2016	\$170.00	Payment	

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Check Number	Vendor Name	Remit to	Reference	Check/Reversal Date	Amount	Type	Status
4014	LIVING DESIGN, INC	LIVING DESIGN, INC	2-14	12/8/2016	\$103.06	Payment	
4015	MANAGEMENT AND NETWORK SERVICES	MANAGEMENT AND NETWORK SERVICES	2-15	12/8/2016	\$750.00	Payment	
4049	MCIM	MCIM	6-3	12/21/2016	\$8,294.00	Payment	
4016	MEDLINE INDUSTRIES, INC	MEDLINE INDUSTRIES, INC	2-16	12/8/2016	\$4,226.19	Payment	
4038	MORRIS HOSPITAL	MORRIS HOSPITAL	3-2	12/15/2016	\$1,000.00	Payment	
4017	MTCO	MTCO	2-17	12/8/2016	\$488.10	Payment	
4018	MUCCI AND KIRKPATRICK	MUCCI AND KIRKPATRICK	2-18	12/8/2016	\$354.40	Payment	
4019	NICOR GAS	NICOR GAS	2-19	12/8/2016	\$338.05	Payment	
4020	NORTHWEST REFUSE SERVICE	NORTHWEST REFUSE SERVICE	2-20	12/8/2016	\$783.00	Payment	
4021	OFFICE DEPOT	OFFICE DEPOT	2-21	12/8/2016	\$576.77	Payment	
4050	PHILADELPHIA INDEMNITY INSURANC	PHILADELPHIA INDEMNITY INSURANC	7-1	12/22/2016	\$7,138.00	Payment	
4022	PITNEY BOWES GLOBAL FINANCIAL S	PITNEY BOWES GLOBAL FINANCIAL S	2-22	12/8/2016	\$174.90	Payment	
4023	PRAIRIE FARMS - PEORIA DIVISION	PRAIRIE FARMS - PEORIA DIVISION	2-23	12/8/2016	\$939.53	Payment	
4039	RIVERSHORES HEALTHCARE AND REHA	RIVERSHORES HEALTHCARE AND REHA	3-3	12/15/2016	\$1,097.76	Payment	
4024	SAFEGUARD BUSINESS SYSTEMS	SAFEGUARD BUSINESS SYSTEMS	2-24	12/8/2016	\$245.90	Payment	
4025	SECRETARY OF STATE	SECRETARY OF STATE	2-25	12/8/2016	\$250.00	Payment	
4040	SHOPPING CART INC.	SHOPPING CART INC.	3-4	12/15/2016	\$1,648.58	Payment	
4046	SISCO	SISCO	5-3	12/19/2016	\$3,459.98	Payment	
4026	SISCO	SISCO	2-26	12/8/2016	\$3,459.98	Payment	
4027	SMARTLINX SOLUTIONS, LLC	SMARTLINX SOLUTIONS, LLC	2-27	12/8/2016	\$1,055.94	Payment	

Date: Jan 17, 2017
 Time: 12:42:10 CT
 User: Elaine Ayot

Rivershores Healthcare and Rehabilitatin Centre, LLC - Marseilles, IL - SNF
 Check Register
 12/1/2016 - 12/31/2016

Page # 3

Check Number	Vendor Name	Remit to	Reference	Check/Reversal Date	Amount	Type	Status
4028	STACHS WATER SYSTEMS	STACHS WATER SYSTEMS	2-28	12/8/2016	\$294.00	Payment	
4029	SUPERIOR KNIFE, INC.	SUPERIOR KNIFE, INC.	2-29	12/8/2016	\$44.00	Payment	
4030	TANDEM PES OF ILLINOIS INC	TANDEM PES OF ILLINOIS INC	2-30	12/8/2016	\$16,585.48	Payment	
4031	TCF EQUIPMENT FINANCE, INC.	TCF EQUIPMENT FINANCE, INC.	2-31	12/8/2016	\$938.09	Payment	
4041	TCF EQUIPMENT FINANCE, INC.	TCF EQUIPMENT FINANCE, INC.	3-5	12/15/2016	\$938.09	Payment	
4043	TCF EQUIPMENT FINANCE, INC.	TCF EQUIPMENT FINANCE, INC.	4-1	12/16/2016	\$939.89	Payment	
4033	TPC	TPC	2-32	12/8/2016	\$0.00	Payment	Void
4034	TPC	TPC	2-32	12/8/2016	\$0.00	Payment	Void
4035	TPC	TPC	2-32	12/8/2016	\$0.00	Payment	Void
4032	TPC	TPC	2-32	12/8/2016	\$7,491.91	Payment	
4036	WASTE MANAGEMENT	WASTE MANAGEMENT	2-33	12/8/2016	\$902.85	Payment	

Summary

47 check(s) issued \$134,191.82
 3 check(s) voided \$0.00
 0 check(s) reversed \$0.00
 0 direct payment(s) issued \$0.00

EXHIBIT D

November Financial Statements and Support

Balance Sheet at 11/30/16

Income Statement-November 30, 2016 Month and Year-to-Date

Accounts Receivable Aged Summary by Payer

Capitol Healthcare and Rehabilitation Centre, LLC

Colonial Healthcare and Rehabilitation Centre, LLC

The Heights Healthcare and Rehabilitation Centre, LLC

Morton Terrace Healthcare and Rehabilitation Centre, LLC

Morton Villa Healthcare and Rehabilitation Centre, LLC

Rivershores Healthcare and Rehabilitation Centre, LLC

**Capitol Healthcare and Rehab Center dba
The Mosaic of Springfield
Balance Sheet
October 31, 2016**

ASSETS

Current Assets

Cash	\$ 191,278
Petty Cash	3,500
Accounts Receivable	5,956,130
Allowance for Doubtful Accounts	(64,344)
Employee Advances	1,245
Due From Related Parties	80,354
Other Receivables	30,996
Prepaid Expenses	37,321
Prepaid Insurance	114,431
Prepaid License	332
Total Current Assets	6,351,243

Property and Equipment

Auto	-
Boiler	12,560
Land & Buildings	1,244,649
Computer Equipment	12,926
Computer Software	70,226
Construction in Progress	89,008
Equipment	323,435
Furniture and Fixtures	45,284
Total Cost	1,798,087
Less: Accumulated Depreciation	(405,262)
Property and Equipment - Net	1,392,825

Other Assets

Exchange Asset	(40,370)
Security Deposits	526,108
Total Other Assets	485,738

TOTAL ASSETS

\$ 8,229,806

The Mosaic of Springfield
Balance Sheet
November 30, 2016

LIABILITIES AND MEMBERS' EQUITY

Current Liabilities

Accounts Payable	\$ 4,458,857
Credit Card Payable	(5,722)
Accrued Liabilities	
Bed Tax	182,112
Benefits	75,848
Expenses	893,576
Management Fees	179,070
Payroll & Payroll Taxes	204,479
Real Estate Taxes	78,725
Due to Others	2,539,093
Due to Related Parties	2,307,305
Due to Third Party Payor	3,333
Resident Credit Balances	156,726
Withholding Payable	(58,602)
Total Current Liabilities	11,048,687

Total Liabilities

11,048,687

MEMBERS' EQUITY

Members' Equity - December 31, 2015	(937,491)
Contributions	711,489
Net Income (Loss)	(2,003,675)
Members' Equity - November 30, 2016	(2,229,676)

TOTAL LIABILITIES AND MEMBERS' EQUITY

\$ 8,819,010

The Mosaic of Springfield
Statements of Operations
For the Eleven Month Period Ended November 30, 2016

	Current Amount	Current Per Diem	YTD Amount	YTD Per Diem
Net Resident Income				
Gross Revenue				
Room & Board Revenue	\$ 836,989	\$ 190.70	\$ 11,204,342	\$ 192.12
Ancillary Revenue	71,919	16.39	792,776	13.59
Total Gross Revenue	908,908	207.09	11,997,118	205.71
Less: Consolidated Ancillary Revenue	(168,854)	(38.47)	(1,923,610)	(32.98)
Less: Illinois License Fee	(36,158)	(8.24)	(444,699)	(7.63)
Total Net Resident Income	703,896	160.38	9,628,809	165.10
Operating Expenses				
Nursing	379,138	86.38	4,384,716	75.18
Activities	15,103	3.44	346,336	5.94
Social Service	7,618	1.74	86,099	1.48
Housekeeping and Plant	63,534	14.48	955,983	16.39
Dietary	57,247	13.04	829,039	14.22
Employee Welfare	65,785	14.99	827,395	14.19
Laundry and Linen	20,705	4.72	257,319	4.41
Total Operating Expenses	609,129	138.79	7,686,887	131.81
Income Before General and Administrative Expenses	94,767	21.59	1,941,923	33.30
General and Administrative Expenses	123,091	28.05	2,385,068	40.90
Income Before Capital Expenses	(28,324)	(6.45)	(443,145)	(7.60)
Capital Expenses				
Depreciation	12,310	2.80	147,720	2.53
Rent	-	-	1,164,300	19.96
Real Estate Taxes	8,441	1.92	101,289	1.74
Total Capital Expenses	20,751	4.73	1,413,309	24.23
Income (Loss) From Operations	(49,075)	(11.18)	(1,856,454)	(31.83)
Other Income (Expense)				
Bad Debt Expense - Co Insurance	1,949	0.44	(103,218)	(1.77)
Interest Income	69	0.02	2,166	0.04
Medicare Sequester Cut	(7,439)	(1.69)	(50,708)	(0.87)
Miscellaneous Income	1,378	0.31	4,540	0.08
Total Other Income (Expense)	(4,044)	(0.92)	(147,220)	(2.52)
Net Income (Loss)	(53,119)	\$ (12.10)	\$ (2,003,675)	\$ (34.36)

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*(Clct) Resident in collections.

Income Grouped.BreakOut ServiceType,Prim/Co. Data thru 12/31/2016. Trans thru 11/30/2016. Srvcs:Inhouse,Ancil. Cvrgr:PartB.Non Part-A/B. Exclude w0.

Capitol Healthcare and Rehabilitation Centre
Aging Summary for Period 05/01/16 thru 12/31/16
Transactions thru 11/30/16

Payor		Service Prim/Co		OpenPos	OpenNeg	May-2016	Jun-2016	Jul-2016	Aug-2016	Sep-2016	Oct-2016	Nov-2016	Dec-2016	Total
Mutual Of Omaha	I C				-4,842.46							1,771.00		-3,071.46
Oxford Life Coinsurance	A C				-297.91									-297.91
Pyramid Life	I P			9,884.89										9,884.89
Today's Options Med B	A P			2,789.39										2,789.39
UHC Coinsurance	I C			321.97	-31.81									290.16
	A C			418.70		598.62	294.26	85.19		236.32	719.24	153.14		2,505.47
UHC Commercial	I P			740.67	-31.81	598.62	294.26	85.19		236.32	719.24	153.14		2,795.63
UHC Part B	A P			14,422.24						340.00				14,762.24
UHC Coinsurance	I C			44,461.66	-2,288.78	-3,241.82			650.00		-1,380.00	6,950.00		45,151.06
	A C			8,398.59	-203.18									8,195.41
				8,398.59	-203.18							235.76		235.76
United American Coinsuran	I C			315.00										315.00
	A C			322.06		305.16	308.88	326.60	47.53		2,415.00	4,830.00		8,431.17
United Health Care MCR	I P			637.06	-6,111.16	305.16	308.88	326.60	47.53					7,560.00
United National	I C			1,449.00										1,449.00
(INCOME) (Clct)	I B			2,610.31										2,610.31
(INCOME)	I B			157,385.97	-3,184.11	16,611.77	15,537.52	23,381.11	17,807.87	10,745.81	24,390.38	34,490.39	-289.76	296,876.95
				159,996.28	-3,184.11	16,611.77	15,537.52	23,381.11	17,807.87	10,745.81	24,390.38	34,490.39	-289.76	299,487.26
Alterna Care Hospice	I P			42,524.17		2,209.16	2,069.80	2,163.28	370.84					49,337.25
Blue Cross Blue Shield IC	I C								1,610.00		14,973.00	13,846.00		30,429.00
Celtic Hospice	I P								4,097.28	3,959.40	3,939.80	3,807.00		15,803.48
Harbor Light Hospice	I P			7,264.94	-9,456.78	-246.92	2,135.36	-939.44	1,969.54	7,323.88	9,862.76	10,951.27		28,864.61
Health Alliance ICP (Pend)	I P				-575.43				2,206.08	3,436.40	3,284.00	3,284.00		11,635.05
Health Alliance ICP	I P			34,665.43	-10,526.23	11.36	1,962.40	11.36	4,147.76	3,734.12	7,023.41	8,194.60		49,224.21
				34,665.43	-11,101.66	11.36	1,962.40	11.36	6,353.84	7,170.52	10,307.41	11,478.60		60,859.26
Health Alliance MMAI	I P			33,219.37	-19,928.89									13,290.48
Hospice Care Inc	I P			2,610.18										2,610.18
IL Medicaid (Pend)	I P			516,933.62		65,917.14	66,271.94	76,769.74	85,656.28	86,900.12	93,595.52	85,036.32		1,077,080.68
	I C			80,314.06		13,598.72	18,094.60	16,310.44	15,448.44	33,039.76	23,202.00	21,413.00		221,421.02
IL Medicaid	I P			181,319.12	-9,233.02	8,356.44	24,298.63	29,455.07	198,286.98	172,297.06	159,087.96	148,195.99		912,064.23
	I C			42,069.70	-6,587.82	4,186.00	161.00	1,987.16		2,230.00		17,800.63		61,846.67
				820,636.50	-15,820.84	92,058.30	108,826.17	124,522.41	299,391.70	294,466.94	275,885.48	272,445.94		2,272,412.60
Memorial Hospice Services	I P			62,810.11		6,277.15	146.93	3,860.64	3,101.00	965.16	1,460.80	8,760.84		87,382.63
Meridian ICP	I P				-111.09									-111.09
Molina ICP (Pend)	I P			37,757.39	-16,569.29	2,012.80	-1,405.00	-26.20	6,440.56	7,695.08	2,656.00	3,984.00		6,640.00
Molina ICP	I P			37,757.39	-16,569.29	2,012.80	-1,405.00	-26.20	6,440.56	7,695.08	10,281.40	31,131.00		70,677.74
				698.74	-4,851.59				668.16	-297.00	2,359.00	632.60		77,317.74
Molina MMAI MCD (Pend)	I P			20,887.66	-113,943.66	-246.60	-1,616.00	1,674.08	2,240.61	4,136.82	14,210.20	55,932.18		-790.09
Molina MMAI MCD	I P				-1,610.00									-16,724.71
	I C			21,586.40	-120,405.25	-246.60	-1,616.00	1,674.08	2,908.77	3,839.82	16,569.20	56,564.78		-1,610.00
				3532963.05		210898.70	221,400.23	244178.42	431008.42	418943.42	492947.72	802421.20		-19,124.80
Report Totals ...														6354761.16
Owed Facility...														-289.76
Facility Owed...														-425965.65
Grand Total...														5928795.51

*(Clct) Resident in collections.

Income Grouped, Breakout ServiceType, Prim/Co. Data thru 12/31/2016. Trans thru 11/30/2016. Srvc: Inhouse, Ancil. Cvr: PartB, Non Part-A/B. Exclude WO.

Colonial Healthcare and Rehabilitation Centre, LLC
Balance Sheet
November 30, 2016

ASSETS

Current Assets

Cash	\$ 368,843
Petty Cash	1,500
Accounts Receivable	1,077,929
Allowance for Doubtful Accounts	(262,051)
Due From Others	755
Due From Related Parties	1,927,531
Other Receivables	(49,783)
Prepaid Expenses	12,105
Prepaid Insurance	29,639
Prepaid License	1,827
Total Current Assets	3,108,296

Property and Equipment

Land & Buildings	39,233
Computer Equipment	6,161
Computer Software	37,295
Equipment	75,190
Furniture and Fixtures	16,020
Total Cost	173,899
Less: Accumulated Depreciation	(62,275)
Property and Equipment - Net	111,625

Other Assets

Exchange Asset	20,761
Security Deposits	214,950
Total Other Assets	235,711

TOTAL ASSETS

\$ 3,455,631

Colonial Healthcare and Rehabilitation Centre, LLC
Balance Sheet
November 30, 2016

LIABILITIES AND MEMBERS' EQUITY

Current Liabilities

Accounts Payable	\$ 1,105,923
Credit Card Payable	1,463
Accrued Liabilities	
Bed Tax	32,177
Benefits	57,448
Expenses	151,264
Management Fees	(7,350)
Payroll & Payroll Taxes	52,568
Real Estate Taxes	24,986
Due to Others	982,592
Due to Related Parties	47,003
Resident Credit Balances	30,218
Withholding Payable	3,020
Total Current Liabilities	2,481,311

Total Liabilities

2,481,311

MEMBERS' EQUITY

Members' Equity - December 31, 2015	692,506
Net Income (Loss)	281,814
Members' Equity - November 30, 2016	974,320

TOTAL LIABILITIES AND MEMBERS' EQUITY

\$ 3,455,631

Colonial Healthcare and Rehabilitation Centre, LLC
Statements of Operations
For the Ten Month Period Ended October 31, 2016

	Current Amount	Current Per Diem	YTD Amount	YTD Per Diem
Net Resident Income				
Gross Revenue				
Room & Board Revenue	\$ 444,471	\$ 206.16	\$ 4,245,912	\$ 199.85
Ancillary Revenue	39,699	18.41	275,407	12.96
Total Gross Revenue	484,170	224.57	4,521,318	212.82
Less: Consolidated Ancillary Revenue	(46,149)	(21.41)	(459,722)	(21.64)
Less: Illinois License Fee	(14,605)	(6.77)	(155,613)	(7.32)
Total Net Resident Income	423,416	196.39	3,905,984	183.85
Operating Expenses				
Nursing	129,003	59.83	1,232,582	58.02
Activities	4,110	1.91	60,649	2.85
Social Service	1,899	0.88	29,371	1.38
Housekeeping and Plant	32,522	15.08	316,492	14.90
Dietary	24,390	11.31	317,178	14.93
Employee Welfare	17,913	8.31	270,419	12.73
Laundry and Linen	7,563	3.51	82,386	3.88
Total Operating Expenses	217,400	100.83	2,309,076	108.69
Income Before General and Administrative Expenses	206,016	95.55	1,596,908	75.17
General and Administrative Expenses	52,590	24.39	851,270	40.07
Income Before Capital Expenses	153,426	71.16	745,638	35.10
Capital Expenses				
Depreciation	1,845	0.86	18,450	0.87
Rent	47,126	21.86	471,260	22.18
Real Estate Taxes	2,991	1.39	29,910	1.41
Total Capital Expenses	51,962	24.10	519,620	24.46
Income (Loss) From Operations	101,464	47.06	226,017	10.64
Other Income (Expense)				
Bad Debt Expense - Co Insurance	(3,542)	(1.64)	(39,186)	(1.84)
Employee Meals Income	-	-	1,038	0.05
Interest Income	-	-	206	0.01
Medicare Sequester Cut	(3,770)	(1.75)	(24,882)	(1.17)
Miscellaneous Income	-	-	3,033	0.14
Medicare Settlement	-	-	23,168	1.09
Total Other Income (Expense)	(7,313)	(3.39)	(36,623)	(1.72)
Net Income (Loss)	94,151	\$ 43.67	\$ 189,395	\$ 8.91

Colonial HealthCare and Rehabilitation Centre Aging Summary for Period 06/01/16 thru 12/31/16

Transactions thru 11/30/16

Service		Transactions thru 11/30/16													
Payor	PrimCo	OpenPos	OpenNeg	Jun-2016	Jul-2016	Aug-2016	Sep-2016	Oct-2016	Nov-2016	Dec-2016	Total				
Medicare	I P	10,775.30	-3,134.48			4,653.45	9,530.84	8,568.28	58,057.10		88,450.49				
	A P	14,480.69	-2,663.71	-155.46					17,285.62		28,947.14				
		25,255.99	-5,798.19	-155.46		4,653.45	9,530.84	8,568.28	75,342.72		117,397.63				
Private Pay (C)ct	I P	87,673.90									87,673.90				
	I C	2,028.00	-10,570.21						20,985.50		2,028.00				
Private Pay	I P	67,172.68	-175.00	-3,210.00	-638.35	5,103.27	-948.75	1,643.68	-5,304.00		74,233.82				
	I C	7,457.33	-324.73	-11.73	123.54	1,404.00					8,686.33				
	A P	1,422.44	-31.76			48.73	3,343.10	4,224.73	88.22		8,826.08				
	A C	394.91	-3,221.73		-514.81						451.37				
ARP Coin	I C	166,149.26	-11,101.70	-3,221.73		6,556.00	2,394.35	5,868.41	21,073.72	-5,304.00	181,899.50				
	A C	5,359.04	-80.59			2,415.00	4,830.00	2,254.00	220.91		14,777.45				
						408.52					629.43				
APWU	A C	5,359.04	-80.59			2,823.52	4,830.00	2,254.00	220.91		15,406.88				
	A C	10.98						6.69			17.67				
Actna BH MCR B	A P	3,623.86									3,623.86				
Actna Ins	I C	11,425.29	-1,216.00					4,991.00	1,932.00		17,132.29				
	A C							290.44	31.74		322.18				
		11,425.29	-1,216.00					5,281.44	1,963.74		17,454.47				
American Republic Ins Co	I P	84.14									84.14				
	I C	206.69						2,093.00	644.00		2,943.69				
		290.83						2,093.00	644.00		3,027.83				
RTBS	I P	1,954.17	-4,458.16						4,250.00		1,746.01				
	I C	14,724.54	-3,965.46	4,830.00	2,254.00	425.88	394.92	4,991.00	4,025.00		26,859.08				
	A C	2,221.14	-2,356.86	188.73		425.88	394.92	776.14	524.52		2,174.47				
		18,899.85	-10,780.48	5,018.73	2,254.00	425.88	394.92	5,767.14	8,799.52		30,779.56				
RTBS Med Advantage	I P					4,456.72	16,712.70	10,808.45	8,942.51		40,920.38				
	I C	158.25				805.00					963.25				
Constitution Life	A C							255.92			255.92				
Country Life Coinsurance	I C	0.01	-140.14								-140.13				
	A C	86.51				173.26		479.82	299.06		1,038.65				
		86.52	-140.14			173.26		479.82	299.06		898.52				
Seventry	I P		-6,963.82								-6,963.82				
Everence Coinsurance	I C	3,228.74	-5.24								3,223.50				
Health Alliance Commercial	I C	447.74	-2.38								445.36				
	A P		-171.87								-171.87				
	A C	171.87	-979.80					83.91	587.58		-136.44				
		619.61	-1,154.05					83.91	587.58		137.05				
Healthscope Coinsurance	I C					322.00	4,830.00	4,830.00	1,065.30		9,982.00				
	A C					346.66	689.22	668.66	5,895.30		12,083.18				
						668.66					4,600.15				
Humana Choice	I P	4,623.09	-22.94						1,631.91		2,002.53				
	A P	42.24	-1.47	329.85							8,329.61				
Humana MCR B	I P		-309.19					8,638.80			1,253.10				
Humana Med Advantage	I C		-78.90								25,569.71				
Humana Mutual	I C	1,332.00	-0.01			2,737.00	6,762.00	3,381.00	4,508.00		5,082.85				
Humana Mutual of Omaha	I C	207.35	-2,047.50					2,415.00			47.88				
Humana Mutual National Coins	I C	47.88									2,841.11				
Humana Mutual National Coins	I C	2,841.11									699.28				
Humana Mutual National Coins	I C	699.28									2,200.00				
Humana Mutual National Coins	I P	2,200.00						44.93			44.93				
Humana Mutual National Coins	A C							44.93			2,244.93				

Colonial HealthCare and Rehabilitation Centre Aging Summary for Period 06/01/16 thru 12/31/16 Transactions thru 11/30/16

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Payer	Service PrimCo	Transactions thru 11/30/16										Total
		OpenPos	OpenNeg	Jun-2016	Jul-2016	Aug-2016	Sep-2016	Oct-2016	Nov-2016	Dec-2016		
UHC Coinsurance	I C					1,610.00					1,610.00	
UHC Commercial	I P	750.00									750.00	
	I C	4,632.79									4,632.79	
		5,382.79									5,382.79	
UHC Part B	A P	5,285.51									5,285.51	
UHC Insurance	I C	170.86	-1.46								169.40	
	A P	132.82									132.82	
	A C											
Unicare	A C	303.68	-1.46			3.91	61.42	38.21			114.61	
				-33.77	44.84		61.42	38.21			416.83	
				-33.77	44.84	3.91	389.82	249.73			639.55	
United Health Care MCR	I P	9,600.00	-5,934.98		320.00		3,840.00	7,680.00	8,640.00		24,145.02	
United World Life Insuran	A C								227.08		227.08	
UNICOME	I B	51,649.92		1,565.84	1,082.27	1,948.59	2,054.63	1,036.27	3,332.25	-1,601.93	61,067.84	
BCBS ICP	I C		-5,796.00	-4,830.00	-2,254.00						-12,880.00	
IL Medicaid (Pend)	I P	18,565.57	-2,488.12	8,294.95	7,558.70	4,465.35	3,628.54	9,445.69	14,074.30		63,544.98	
	I C			805.00	4,991.00	1,127.00	1,560.00	3,744.00	4,830.00		17,057.00	
Medicaid	I P	15,525.84	-28,611.57	-1,225.00	-1,396.00	108,548.65	99,327.89	100,305.62	100,069.10		392,544.53	
	I C	18,474.70						4,318.24			22,792.94	
VA Hospice	I P	52,566.11	-31,099.69	7,874.95	11,153.70	114,141.00	104,516.43	117,813.55	118,973.40		495,939.45	
Wicas Hospice	I P								57.35		57.35	
Report Totals ...		388553.96	-893.67	16014.37	16,374.35	142697.98	160077.93	190803.81	261139.05	-157.01	1175661.45	
Facility Owed...			-83426.02	-9465.96	-4288.35		-948.75		-157.01		-105192.02	
Grand Total...		388553.96	-83426.02	6548.41	12086.00	142697.98	159129.18	190803.81	260982.04	-6905.93	1070469.43	

*(Old) Resident in collections.

Income Grouped.Breakout Servicetype,Prim/Co. data thru 12/31/2016. Trans thru 11/30/2016.Srvcs:Inhouse,Ancil. Crg:PartB,Non Part-A/B. Exclude WO.

The Heights Healthcare and Rehabilitation Centre, LLC
Balance Sheet
November 30, 2016

ASSETS

Current Assets

Cash	\$ 116,274
Petty Cash	2,000
Accounts Receivable	2,323,715
Allowance for Doubtful Accounts	(405,234)
Employee Advances	101
Due From Related Parties	552,731
Other Receivables	149,414
Prepaid Expenses	21,731
Prepaid Insurance	2,796
Prepaid License	935
Total Current Assets	2,764,463

Property and Equipment

Land & Buildings	360,187
Computer Equipment	9,220
Computer Software	76,115
Equipment	125,211
Furniture and Fixtures	215,422
Total Cost	786,156
Less: Accumulated Depreciation	(340,290)
Property and Equipment - Net	445,866

Other Assets

Exchange Asset	9,906
Security Deposits	176,145
Total Other Assets	186,050

TOTAL ASSETS

\$ 3,396,379

The Heights Healthcare and Rehabilitation Centre, LLC
Balance Sheet
November 30, 2016

LIABILITIES AND MEMBERS' EQUITY

Current Liabilities

Accounts Payable	\$ 1,383,513
Credit Card Payable	(9,940)
Accrued Liabilities	
Bed Tax	100,386
Benefits	44,769
Expenses	259,145
Payroll & Payroll Taxes	95,154
Real Estate Taxes	21,332
Due to Others	1,959,114
Due to Related Parties	985,396
Resident Credit Balances	64,204
Total Current Liabilities	4,919,485

Total Liabilities

4,919,485

MEMBERS' EQUITY

Members' Equity - December 31, 2015	(1,493,613)
Contributions	623,562
Net Income (Loss)	(653,055)
Members' Equity - November 30, 2016	(1,523,105)

TOTAL LIABILITIES AND MEMBERS' EQUITY

\$ 3,396,379

The Heights Healthcare and Rehabilitation Centre, LLC
Statements of Operations
For the Eleven Month Period Ended November 30, 2016

	Current Amount	Current Per Diem	YTD Amount	YTD Per Diem
Net Resident Income				
Gross Revenue				
Room & Board Revenue	\$ 450,536	\$ 181.96	\$ 5,195,769	\$ 173.10
Ancillary Revenue	13,957	5.64	185,984	6.20
Total Gross Revenue	464,494	187.60	5,381,753	179.30
Less: Consolidated Ancillary Revenue	(29,769)	(12.02)	(545,102)	(18.16)
Less: Illinois License Fee	(19,457)	(7.86)	(228,248)	(7.60)
Total Net Resident Income	415,268	167.72	4,608,404	153.53
Operating Expenses				
Nursing	201,651	79.96	1,955,243	62.50
Activities	8,943	3.61	84,789	2.82
Social Service	4,251	1.72	61,778	2.06
Housekeeping and Plant	31,087	12.56	438,637	14.61
Dietary	34,929	14.11	430,991	14.36
Employee Welfare	14,381	5.81	342,368	11.41
Laundry and Linen	10,286	4.15	134,542	4.48
Total Operating Expenses	305,529	121.92	3,448,347	112.24
Income Before General and Administrative Expenses	109,739	45.80	1,160,057	41.29
General and Administrative Expenses	78,890	31.86	1,205,988	40.18
Income Before Capital Expenses	30,849	13.94	(45,932)	1.11
Capital Expenses				
Depreciation	9,263	3.74	111,156	3.70
Rent	-	-	388,100	12.93
Real Estate Taxes	3,536	1.43	42,435	1.41
Total Capital Expenses	12,799	5.17	541,691	18.05
Income (Loss) From Operations	18,049	8.77	(587,623)	(16.94)
Other Income (Expense)				
Bad Debt Expense - Co Insurance	(5,642)	(2.28)	(83,907)	(2.80)
Interest Income	41	0.02	3,589	0.12
Medicare Sequester Cut	(280)	(0.11)	(17,243)	(0.57)
Miscellaneous Income	-	-	0	0.00
Medicare Settlement	(2)	(0.00)	32,628	1.09
Total Other Income (Expense)	(5,883)	(2.38)	(64,932)	(2.16)
Adjustment to Prior Accounting Estimates				
Adjustment to Prior Year	-	-	(500)	(0.02)
Total Adjustments to Prior Accounting Estimates	-	-	(500)	(0.02)
Net Income (Loss)	12,166	\$ 6.39	\$ (653,055)	\$ (19.12)

The Heights Healthcare and Rehabilitation Centre
Aging Summary for Period 05/01/16 thru 12/31/16
Transactions thru 11/30/16

Payor		Service	Prim/Co	OpenPos	OpenNeg	May-2016	Jun-2016	Jul-2016	Aug-2016	Sep-2016	Oct-2016	Nov-2016	Dec-2016	Total
Medicare	-->	I P	I P	17,718.11	-4,098.56	2,902.37	-1,247.96		2,336.57	10,942.30	22,631.63	92,575.58		143,760.04
		A P	A P	6,455.29	-7,159.51	1,576.98	914.04		315.12	257.25	1,571.24	10,906.92		14,837.33
Private Pay (Clct)	-->	I P	I P	24,173.40	-11,258.07	4,479.35	-333.92		2,651.69	11,199.55	24,202.87	103,482.50		158,597.37
		I P	I P	104,896.11	-1,383.15	16,529.52	21,000.00	21,700.00	27,125.00	21,000.00	22,664.00	28,881.18		104,896.11
Private Pay	-->	I P	I P	248,075.23										405,591.78
		I C	I C	17,380.36										17,380.36
AARP Coin	-->	A C	A C											98.64
		I C	I C	370,351.70	-1,383.15	16,529.52	21,000.00	21,700.00	27,175.09	21,048.55	22,664.00	28,881.18	2,254.00	527,966.89
Aetna Ins	-->	I C	I C	1,359.30										3,613.30
		I C	I C	918.00										918.00
Blue Cross Blue Shield	-->	I P	I P	30,219.85										30,219.85
		I C	I C	14,022.30	-14.81						1,771.00			15,778.49
Cigna	-->	A C	A C	967.45		180.58					243.86	332.11		1,724.00
		I P	I P	45,209.60	-14.81	180.58					2,014.86	332.11		47,722.34
Cigna Coins	-->	I P	I P	6,049.87										6,049.87
		I C	I C	1,368.00										1,368.00
Cigna HS MCR B	-->	A P	A P	1,822.87										1,822.87
		A P	A P		-0.04									-0.04
Consoctate Dansig	-->	A P	A P											2,523.00
		I C	I C	2,523.00										2,523.00
Constitution Life Coinsur	-->	I P	I P	2,362.50										2,362.50
		I P	I P		-1,498.97									-1,498.97
Coventry	-->	I P	I P											2,805.00
		I P	I P	285.00		375.00	2,520.00	390.60	2,175.00	900.00	1,425.00	1,275.00		15,341.42
Health Alliance Commecia	-->	I P	I P	8,083.26	-107.44									7,074.32
		A P	A P	7,872.50	-798.18									356.18
Health Alliance MMAI MCR	-->	I P	I P	356.18										375.00
		A P	A P	375.00										1,664.00
Humana MCR B	-->	I P	I P	1,664.00										11,457.38
		A P	A P	11,119.88			337.50							1,299.04
Humana Medicare	-->	I P	I P	1,299.04										-2,062.12
		A P	A P		-2,062.12									69,366.00
Molina MCR B	-->	I P	I P	59,311.61	-43.86									67,303.88
		A P	A P	59,311.61	-2,105.98	1,018.34	1,004.71	1,004.71	742.11	195.94	3,628.92	3,508.23		51,244.82
Molina MMAI MCR	-->	I P	I P	41,851.21	-2,978.39									-1,774.87
		A P	A P		-1,774.87									49,469.95
Mutual of Omaha	-->	I P	I P	41,851.21	-4,753.26									141.79
		A P	A P	141.79										285.64
NGS American Coinsurance	-->	I C	I C								252.02	33.62		3,186.64
		A C	A C	3,186.64										1,521.84
Principal Life Insurance	-->	I C	I C	410.07										4,708.48
		A C	A C	3,596.71										5,936.50
Pyramid Life Coins	-->	I P	I P	5,936.50		3,059.00								3,220.00
		I C	I C	161.00										10,458.87
Tricare	-->	I C	I C	5,515.72	-852.85									174.42
		A C	A C		-852.85									10,633.29
UHC Commercial	-->	I P	I P	37,568.66	-43,078.64									6,515.02
		A P	A P	7,713.22										7,868.08
UHC Part B	-->	I P	I P											3,192.35
		A P	A P											3,193.00
United Health Care MCR	-->	I P	I P	1,036.35	-80.00									194,619.89
		I B	I B	3,193.00										-755.02
(INCOME) (Clct)	-->	I B	I B	146,184.61	-8,050.36	3,375.28	7,468.24	12,442.22	11,300.28	10,376.96	-548.35	12,826.03	-755.02	197,812.89
		I B	I B	149,377.61	-8,050.36	3,375.28	7,468.24	12,442.22	11,300.28	10,376.96	-548.35	12,826.03	-755.02	

*(Clct) Resident in collections.

Income Grouped.Breakout Servicetype,Prim/Co. Data thru 12/31/2016. Trans thru 11/30/2016.SRVCS:Inhouse,Ancil. Cvrq:PartB,Non Part-A/B. Exclude WO.

The Heights Healthcare and Rehabilitation Centre
Aging Summary for Period 05/01/16 thru 12/31/16
Transactions thru 11/30/16

Payor	Service Prim/Co	OpenPos	OpenNeg	May-2016	Jun-2016	Jul-2016	Aug-2016	Sep-2016	Oct-2016	Nov-2016	Dec-2016	Total
Comfort Plus Hospice	I P	382.55										382.55
Compassus Hospice	I P	18,172.43	-29,510.78	310.55	2,979.34	3,259.19	3,062.04	2,919.64	2,885.96	3,026.73		7,105.10
Harbor Light Hospice	I P	9,072.98	-6,028.54	-985.90	-2,688.80	-3,070.80	-2,928.40					-6,629.46
Health Alliance ICP (Pend)	I P						1,993.60		6,972.72	11,082.80		20,049.12
Health Alliance ICP	I P	105,857.33	-13,426.62	-1,639.00	174.60			1,290.60	7,929.76	4,921.92		105,108.59
Health Alliance ICP	I P	105,857.33	-13,426.62	-1,639.00	174.60			1,290.60	14,902.48	16,004.72		125,157.71
Health Alliance MMAI	I P	12,101.96	-5,620.70									6,481.26
IL Medicaid (Pend)	I P	33,224.64	-87.30	22,161.60	29,496.90	32,489.80	37,511.29	49,971.80	39,370.32	47,285.48		291,424.53
IL Medicaid	I C	1,319.68		3,864.00	5,635.00	16,071.37	9,083.20	7,795.20	20,192.20	17,710.00		81,670.65
IL Medicaid	I P	117,153.75	-27,021.11	-1,548.29	-579.05	-2,814.90	1,097.69	4,154.00	3,281.68	58,221.20		151,944.97
IL Medicaid	I C	29,304.14		3,381.00	483.00		2,254.00	644.00	2,175.00	12,237.00		50,478.14
Meridian ICP (Pend)	I P	181,002.21	-27,108.41	27,858.31	35,035.85	45,746.27	49,946.18	62,565.00	65,019.20	135,453.68		575,518.29
Meridian ICP	I P	58,378.28	-16,176.76	264.81	1,762.86	2,572.20	7,262.40	11,784.00	10,725.92	10,042.32		40,811.44
Molina ICP (Pend)	I P	58,378.28	-16,176.76	264.81	1,762.86	3,569.00	7,262.40	12,496.00	20,120.20	22,125.12		68,990.47
Molina ICP	I P		-3,686.67						9,023.52	8,933.40		14,270.25
Molina MMAI MCD (Pend)	I P	112,782.00	-2,333.96	964.69	410.31	3,141.80		854.40		13,398.56		129,217.80
Molina MMAI MCD	I P	112,782.00	-6,020.63	964.69	410.31	3,141.80		854.40	9,023.52	22,331.96		143,488.05
Molina MMAI MCD	I P	4,283.44										4,283.44
Molina MMAI MCD	I P	64,124.18	-34,110.91	1,201.17	4,698.00	-444.60	-1,120.60	-1,167.00	10,944.96	42,487.70		86,612.90
OSF Hospice	I P	68,407.62	-34,110.91	1,201.17	4,698.00	-444.60	-1,120.60	-1,167.00	10,944.96	42,487.70		90,896.34
Seasons Hospice	I P	61.11					1,708.80	569.60				2,339.51
Vitas Hospice	I P	98.59										98.59
Report Totals ...		1367183.48	-2,575.72	180.42	305.76		117094.29	142343.90	199437.51	2,050.80		1,424.20
Owed Facility...				60326.97	80,028.89	94068.69	117094.29	142343.90	199437.51	410485.15		2470968.88
Facility Owed...				-14248.19	-14265.81	-16405.30	-4049.00	-1167.00	-548.35			-265999.49
Grand Total...		1367183.48	-214560.82	46078.78	65763.08	77663.39	113045.29	141176.90	198889.16	410485.15		2204969.39

*(C) Resident in collections.

Income Grouped BreakOut ServiceType, Prim/Co. Data thru 12/31/2016. Trans thru 11/30/2016. Srvc: Inhouse, Ancil., Cvr: PartB, Non Part-A/B. Exclude WO.

Morton Terrace Healthcare and Rehabilitation Centre, LLC
Balance Sheet
November 30, 2016

ASSETS

Current Assets

Cash	\$ 34,415
Petty Cash	2,000
Accounts Receivable	2,305,534
Allowance for Doubtful Accounts	(286,191)
Employee Advances	7,892
Due From Others	40,613
Due From Related Parties	128,807
Other Receivables	58,629
Prepaid Expenses	2,349
Prepaid Insurance	39,940
Prepaid License	4,067
Total Current Assets	2,338,056

Property and Equipment

Boiler	7,597
Land & Buildings	57,661
Computer Equipment	4,940
Computer Software	51,058
Equipment	93,292
Furniture and Fixtures	41,074
Total Cost	255,622
Less: Accumulated Depreciation	(118,559)
Property and Equipment - Net	137,063

Other Assets

Exchange Asset	19,180
Security Deposits	127,655
Total Other Assets	146,835

TOTAL ASSETS

\$ 2,621,953

Morton Terrace Healthcare and Rehabilitation Centre, LLC
Balance Sheet
November 30, 2016

LIABILITIES AND MEMBERS' EQUITY

Current Liabilities

Accounts Payable	\$ 1,147,463
Credit Card Payable	148,636
Accrued Liabilities	
Bed Tax	85,441
Benefits	36,948
Expenses	189,060
Interest	(263)
Payroll & Payroll Taxes	86,446
Real Estate Taxes	66,079
Due to Others	1,889,916
Due to Related Parties	611,155
Due to Third Party Payor	5,624
Resident Credit Balances	93,922
Withholding Payable	(12,536.22)
Total Current Liabilities	4,347,891

Total Liabilities

4,347,891

MEMBERS' EQUITY

Members' Equity - December 31, 2015	(880,400)
Net Income (Loss)	(845,538)
Members' Equity - September 30, 2016	(1,725,938)

TOTAL LIABILITIES AND MEMBERS' EQUITY

\$ 2,621,953

Morton Terrace Healthcare and Rehabilitation Centre, LLC
Statements of Operations
For the Eleven Month Period Ended November 30, 2016

	Current Amount	Current Per Diem	YTD Amount	YTD Per Diem
Net Resident Income				
Gross Revenue				
Room & Board Revenue	\$ 474,893	\$ 167.57	\$ 4,470,200	\$ 161.74
Ancillary Revenue	24,051	8.49	283,413	10.25
Total Gross Revenue	498,944	176.06	4,753,612	171.99
Less: Consolidated Ancillary Revenue	(56,054)	(19.78)	(476,778)	(17.25)
Less: Illinois License Fee	(22,888)	(8.08)	(225,269)	(8.15)
Total Net Resident Income	420,002	148.20	4,051,566	146.59
Operating Expenses				
Nursing	208,287	73.50	1,909,865	69.10
Activities	15,453	5.45	130,559	4.72
Social Service	3,343	1.18	33,160	1.20
Housekeeping and Plant	39,146	13.81	385,468	13.95
Dietary	32,735	11.55	337,774	12.22
Employee Welfare	28,263	9.97	350,759	12.69
Laundry and Linen	11,683	4.12	108,467	3.92
Total Operating Expenses	338,910	119.59	3,256,052	117.81
Income Before General and Administrative Expenses	81,092	28.61	795,514	28.78
General and Administrative Expenses	68,312	24.10	1,200,383	43.43
Income Before Capital Expenses	12,780	4.51	(404,869)	(14.65)
Capital Expenses				
Depreciation	3,685	1.30	33,165	1.20
Rent	-	-	296,010	10.71
Real Estate Taxes	7,096	2.50	63,862	2.31
Total Capital Expenses	10,781	3.80	393,037	14.22
Income (Loss) From Operations	1,999	0.71	(797,906)	(28.87)
Other Income (Expense)				
Bad Debt Expense - Co Insurance	-	-	(34,042)	(1.23)
Interest Income	-	-	1,907	0.07
Medicare Sequester Cut	(2,394)	(0.84)	(15,435)	(0.56)
Miscellaneous Income	1,208	0.43	1,438	0.05
Total Other Income (Expense)	(1,186)	(0.42)	(46,132)	(1.67)
Net Income (Loss)	813	\$ 0.29	\$ (845,538)	\$ (30.59)

Morton Terrace Healthcare and Rehabilitation Centre
Aging Summary for Period 05/01/16 thru 01/31/17
Transactions thru 11/30/16

Payor	Service Prim/Co	OpenPos	OpenNeg	May-2016	Jun-2016	Jul-2016	Aug-2016	Sep-2016	Oct-2016	Nov-2016	Dec-2016	Jan-2017	Total
Medicare	I P	497.03											76,529.24
	A P	7,117.97	-3,552.98	676.58	87.24	748.86	-36.97		11,240.24	64,828.94			28,685.33
	→	7,615.00	-3,552.98	676.58	87.24	748.86	200.33		4,412.73	18,994.60			105,214.57
Private Pay (Clct)	I P	210,827.36		5,735.00	10,915.00	10,175.00	1,665.00		15,652.97	83,823.54			239,317.36
	I C	24,004.00		1,771.00	161.00								25,936.00
	A P	500.47											500.47
Private Pay	I P	102,696.87		1,974.00	10,242.00	5,084.00	11,470.00	6,479.00	8,129.00	19,226.00	-5,735.00		159,565.87
	I C			439.03									439.03
	A P		-37.28	79.62	70.00								112.34
	A C	328.30	-42.34							86.84			1,231.41
Aetna BH MMAI MCR	I P	338,357.00	-79.62	9,998.65	21,388.00	15,259.00	13,715.18	6,757.43	8,129.00	19,312.84	-5,735.00		427,102.48
Aetna Ins	I C	6,060.32					580.18	278.43					6,060.32
Blue Cross Blue Shield	I P	3,344.00											3,344.00
	I C	42,072.34	-12,298.24										29,774.10
	I C	4,360.30	-7,670.67										-2,988.37
	A P	237.43							322.00				237.43
	A C	2,677.33		403.37	202.03	193.54	761.41	341.35	401.29	448.21			5,428.53
Blue Cross MMAI MCR	I P	49,347.40	-19,968.91	403.37	202.03	193.54	761.41	341.35	723.29	448.21			32,451.69
	→		-426.01										-426.01
Care Improvement Plus MCR	I P	1,963.94											1,963.94
Care Improvement Plus	A P	3,767.40											3,767.40
Cigna Coins	I C	787.50							966.00	4,830.00			6,583.50
Country Life Coins	A C								67.11				117.41
Coventry MCR B	A P	10,610.38				1,028.00	1,696.99	1,184.88	106.62	419.69			15,046.56
Dont use	I P	38,581.74	-5,373.68										33,208.06
Health Alliance Commercial	I P	15,750.00											15,750.00
Health Alliance MCR B	A P	9,314.37	-1,848.88					240.00					7,705.49
Health Alliance MMAI MCR	I P	9,269.43	-695.00										8,574.43
Humana MCR B	A P	15,821.84		21.12	1,379.59	521.19	940.90	2,918.75	2,214.91	2,518.91			26,337.21
Humana MMAI MCR	I P	4,693.78											4,693.78
Humana Medicare	I P	1,976.42											1,976.42
Medico Coinsurance	A C			196.51									196.51
Mid Cent Hlth and Welfare	I C		-69.20										-69.20
Molina MCR B	A P	41,118.59		-746.26	139.03	201.78	5,392.07	2,268.01	4,247.37	1,679.94			50,053.16
Molina MMAI MCR	I P												4,247.37
Mutual of Omaha	I C	4,664.44	-504.22										4,160.22
	A C	26.44											26.44
	→	4,690.88	-504.22										4,186.66
Pekin Coinsurance	I C		-2,102.28										-2,102.28
Royal Neighbors America	I C	252.91											252.91
Tricare	I C	109.31											109.31
UHC Coinsurance	I C	26,421.33	-134.21										30,473.12
	A P	124.28							4,186.00				124.28
	A C	399.39		708.02	538.12	624.34	209.08	130.60	737.58	808.39			4,155.52
	→	26,945.00	-134.21	708.02	538.12	624.34	209.08	130.60	4,923.58	808.39			34,752.92
UHC Commercial	I P	5,625.00	-2,635.00						3,960.00	9,900.00			16,850.00
UHC Optum	I P							3,960.00	4,290.00	3,630.00			11,880.00
UHC Part B	A P	30,794.13	-1,241.52	282.09	-1,922.68	1,113.93			1,100.00	2,000.00			32,125.95
United American Coinsuran	I C	2,469.11	-134.64										2,334.47
	A C				177.00								177.00
	→	2,469.11	-134.64		177.00								2,511.47

*(Clct) Resident in collections.

Income Grouped.Breakout ServiceType,Prim/Co. Data thru 01/31/2017. Trans thru 11/30/2016. Srvc:Inhouse,Ancil. Cvrgr:PartB,Non Part-A/B. Exclude wo.

Morton Terrace Healthcare and Rehabilitation Centre
Aging Summary for Period 05/01/16 thru 01/31/17
Transactions thru 11/30/16

Transactions thru 11/30/16															
Payor		Service Prim/Co		OpenPos	OpenNeg	May-2016	Jun-2016	Jul-2016	Aug-2016	Sep-2016	Oct-2016	Nov-2016	Dec-2016	Jan-2017	Total
United Health Care (INCOME) (Clt)	I B	I P	24,843.52	-610.88						630.00	8,625.00				33,487.64
			56,427.17		2,035.48	396.63	1,481.34	1,673.26	629.70						62,643.58
(INCOME)	I B		21,779.94	-70,987.76	9,514.91	4,124.50	9,654.98	5,546.31	5,829.30	3,282.81	15,192.38	-9,859.55	-1,356.42	-7,278.60	
			78,207.11	-70,987.76	11,550.39	4,521.13	11,136.32	7,219.57	6,459.00	3,282.81	15,192.38	-9,859.55	-1,356.42	55,364.98	
Comfort Plus Hospice	I P					2,485.13	2,619.10	3,000.14	3,000.14	19.40					11,123.91
Compassus Hospice	I P		5,110.17	-798.12	206.46		600.84					5,943.50			11,062.85
Harbor Light Hospice	I P		12,935.03	-5,626.47	4,049.07	3,915.10	4,697.55	5,147.78		15,306.16	14,939.58	14,346.70			69,710.50
Health Alliance ICP	I P		10,621.54								4,259.09	4,121.70			19,002.33
Health Alliance MMAI	I P		1,943.22												1,943.22
Health Alliance MMAI	I P		18,948.94	-5,776.28											13,172.66
			20,892.16	-5,776.28											15,115.88
IL Medicaid (Pend)	I P		167,970.64		35,773.20	32,896.95	39,807.27	41,338.54		38,553.65	37,071.51	39,895.54			433,307.30
	I C		27,288.91		3,425.50	161.00					1,703.00	6,967.50			39,545.91
IL Medicaid	I P		117,640.42	-79,531.44	10,545.93	8,260.44	26,160.95	125,996.81		121,302.42	132,727.18	122,748.67			585,851.38
	I C		41,581.64		1,127.00							8,818.29			51,526.93
			354,481.61	-79,531.44	50,871.63	41,318.39	65,968.22	167,335.35		159,856.07	171,501.69	178,430.00			1,110,231.52
Meridian ICP (Pend)	I P		19,516.80		2,907.07	2,371.19	2,870.26	31.46							27,696.78
Meridian ICP	I P		9,505.98	-14.78	535.88										10,027.08
			29,022.78	-14.78	3,442.95	2,371.19	2,870.26	31.46							37,723.86
Meridian MMAI MCD	I P		98.27	-4,514.87							2,473.02	4,121.70			2,178.12
Methodist Hospice Service	I P		4,585.70	-210.00	2,411.46										6,787.16
Molina ICP (Pend)	I P											1,236.51			1,236.51
Molina ICP	I P		15,273.58	-9,740.86								15,799.85			21,332.57
			15,273.58	-9,740.86								17,036.36			22,569.08
Molina MMAI MCD (Pend)	I P			-2,528.10	-657.00	-657.00	-657.00	-657.00	-657.00	-657.00	3,602.09	3,464.70			1,253.69
Molina MMAI MCD	I P		67,039.85	-113,643.45	-1,309.30	-1,442.30	-692.30	1,386.20	1,386.20	727.70		24,215.74			-23,717.86
			67,039.85	-116,171.55	-1,966.30	-2,099.30	-1,349.30	729.20	729.20	70.70	3,602.09	27,680.44			-22,464.17
OSF Hospice	I P			-676.98			1,845.22	3,007.14	3,007.14	2,865.20					7,040.58
Unity Hospice	I P			-4.32											-4.32
Vitas Hospice	I P										-141.05	3,453.70			3,312.65
Report Totals ...	Owed Facility...		1252376.77		87303.43	79,256.76	109208.35	210093.90	210093.90	203664.55	255064.13	399698.00			2596665.89
Facility Owed...				-333430.46	-2712.56	-4021.98	-1349.30	-693.97	-693.97	-657.00	-141.05		-15594.55	-1356.42	-359957.29
Grand Total...			1252376.77	-333430.46	84590.87	75234.78	107859.05	209399.93	209399.93	203007.55	254923.08	399698.00	15594.55	-1356.42	2236708.60

*(Olc) Resident in collections.

Income Grouped.Breakout ServiceType,Prim/Co. Data thru 01/31/2017. Trans thru 11/30/2016. Srvc:Inhouse,Ancil. Cvr:PartB,Non Part-A/B. Exclude WO.

Morton Villa Healthcare and Rehabilitation Centre, LLC**Balance Sheet****November 30, 2016****ASSETS****Current Assets**

Cash	\$ (57,342)
Petty Cash	2,000
Accounts Receivable	2,430,717
Allowance for Doubtful Accounts	(359,323)
Employee Advances	2,603
Due From Others	14,508
Due From Related Parties	1,291,831
Other Receivables	108,585
Prepaid Expenses	49,813
Prepaid Insurance	11,953
Prepaid License	(0)
Total Current Assets	3,495,345

Property and Equipment

Boiler	6,789
Land & Buildings	58,095
Computer Equipment	4,740
Computer Software	45,230
Equipment	194,719
Furniture and Fixtures	27,544
Total Cost	351,140
Less: Accumulated Depreciation	(135,114)
Property and Equipment - Net	216,026

Other Assets

Exchange Asset	926
Security Deposits	126,645
Total Other Assets	127,570

TOTAL ASSETS**\$ 3,838,941**

Morton Villa Healthcare and Rehabilitation Centre, LLC
Balance Sheet
November 30, 2016

LIABILITIES AND MEMBERS' EQUITY

Current Liabilities

Accounts Payable	\$ 1,421,123
Bank Overdraft	
Credit Card Payable	137,957
Accrued Liabilities	
Bed Tax	64,148
Benefits	33,048
Expenses	246,088
Management Fees	9,099.04
Payroll & Payroll Taxes	81,801
Provider Fee	-
Real Estate Taxes	41,416
Due to Others	1,270,486
Due to Related Parties	176,148
Due to Third Party Payor	-
Resident Credit Balances	93,582
Withholding Payable	(12,494)
Total Current Liabilities	3,562,402

Total Liabilities

3,562,402

MEMBERS' EQUITY

Members' Equity - December 31, 2015	330,407
Contributions	53,275
Net Income (Loss)	(107,143)
Members' Equity - November 30, 2016	276,539

TOTAL LIABILITIES AND MEMBERS' EQUITY

\$ 3,838,941

Morton Villa Healthcare and Rehabilitation Centre, LLC
Statements of Operations
For the Eleven Month Period Ended November 30, 2016

	Current Amount	Current Per Diem	YTD Amount	YTD Per Diem
Net Resident Income				
Gross Revenue				
Room & Board Revenue	\$ 418,634	\$ 174.14	\$ 4,604,305	\$ 171.98
Ancillary Revenue	36,673	15.26	463,203	17.30
Total Gross Revenue	455,307	189.40	5,067,508	189.28
Less: Consolidated Ancillary Revenue	(50,900)	(21.17)	(774,365)	(28.92)
Less: Illinois License Fee	(17,936)	(7.46)	(197,469)	(7.38)
Total Net Resident Income	386,471	160.76	4,095,674	152.98
Operating Expenses				
Nursing	150,713	62.69	1,575,172	58.83
Activities	8,746	3.64	76,742	2.87
Social Service	4,097	1.70	34,220	1.28
Housekeeping and Plant	29,232	12.16	367,015	13.71
Dietary	41,268	17.17	387,525	14.47
Employee Welfare	26,587	11.06	279,870	10.45
Laundry and Linen	8,461	3.52	99,164	3.70
Total Operating Expenses	269,103	111.94	2,819,708	105.32
Income Before General and Administrative Expenses	117,368	48.82	1,275,965	47.66
General and Administrative Expenses	81,798	34.03	1,033,859	38.62
Income Before Capital Expenses	35,571	14.80	242,106	9.04
Capital Expenses				
Depreciation	3,750	1.56	41,250	1.54
Rent	-	-	222,340	8.30
Real Estate Taxes	3,659	1.52	40,250	1.50
Total Capital Expenses	7,409	3.08	303,840	11.35
Income (Loss) From Operations	28,162	11.71	(61,733)	(2.31)
Other Income (Expense)				
Bad Debt Expense - Co Insurance	(934)	(0.39)	(21,679)	(0.81)
Interest Income	-	-	1,340	0.05
Medicare Sequester Cut	(1,780)	(0.74)	(24,657)	(0.92)
Miscellaneous Income	40	0.02	486	0.02
Vending Income	100	0.04	600	0.02
Total Other Income (Expense)	(2,574)	(1.07)	(43,909)	(1.64)
Net Income (Loss)	\$ 25,588	\$ 10.64	\$ (107,143)	\$ (4.00)

Morton Villa Care Center
Aging Summary for Period 05/01/16 thru 12/31/16
Transactions thru 11/30/16

Payor	Service Prim/Co	OpenPos	OpenNeg	May-2016	Jun-2016	Jul-2016	Aug-2016	Sep-2016	Oct-2016	Nov-2016	Dec-2016	Total
Medicare	I P	18,608.38						-541.24	35,323.96	83,842.60		137,233.70
	A P	7,164.13	-6,964.71			1,831.35		151.52	9,953.30	20,682.16		32,817.75
Private Pay (Clct)	→	25,772.51	-6,964.71			1,831.35		-389.72	45,277.26	104,524.76		170,051.45
	I P	108,767.05										108,767.05
Private Pay	A C	2,226.27										2,226.27
	I P	66,887.19	-23,993.36	3,958.80	5,218.80	5,572.92	-100.00	3,960.00	1,620.00		-802.00	62,322.35
	I C					363.04						363.04
	A P	1,257.77										1,257.77
	A C	1,218.83			54.49	1,118.03	39.39			261.26		2,692.00
	→	180,357.11	-23,993.36	3,958.80	5,273.29	7,053.99	-60.61	3,960.00	1,620.00	261.26	-802.00	177,628.48
Private Pay Hospice	I P											
	I C	27,551.50	-4,625.32									
AARP Coin	I C											
	I C		-211.47									
Aetna BH MMAI MCR	I P	4,984.00										
	I C	3,321.61										
Aetna Better Health	I P											
	I C											
BCBS MCR B	A P											
	I P	1,223.06	-35,641.26									
Blue Cross Blue Shield	I C	72,182.32	-109.05		4,669.00	3,381.00		161.00	9,982.00	3,864.00		210.13
	A C	210.13										
	A P	499.93	-1,227.81						1,019.83	1,095.04		1,386.99
	→	74,115.44	-36,978.12		4,669.00	3,381.00		161.00	11,001.83	4,959.04		61,309.19
Care Improvement Plus	I P	1,149.08	-4,209.20									-3,060.12
	I C											
ChampVA	I C	336.20					3,542.00	4,830.00	322.00			8,694.00
	I C											
Colonial Penn Coinsurance	I C	370.00	-202.28									336.20
	A C	312.21										167.72
Coventry	→	682.21	-202.28									312.21
	I P		-7,887.26									479.93
	A P	15,394.35	-246.35	253.16			1,851.78		1,383.62	4,048.29		-7,887.26
	→	15,394.35	-8,133.61	253.16			1,851.78		1,383.62	4,048.29		22,684.85
Health Alliance Commercial	I P	3,934.02	-104.55						2,800.00	5,320.00		14,797.59
	I P	15,906.08	-20,942.29						2,100.00	2,175.00		11,949.47
Health Alliance MCR B	I P	24,137.01	-4,226.64			7,125.00						-761.21
	I C	46.46										27,035.37
Healthscope COI	I C											46.46
	I C			-487.38								-487.38
Heartland National Life	I C			487.38								487.38
	A C											
Humana Coinsurance	I C						1,449.00					1,449.00
	A P	38,992.14	-859.45						955.45	2,037.66		41,125.80
Humana MMAI MCR	I P	26,215.98										26,215.98
	A P	6,817.50		2,497.50	6,952.50	472.50	2,227.50	1,890.00		337.50		21,195.00
MNS Wellcare PART B	A P	15,319.97	-877.50	-472.50	-540.00							13,429.97
	A P	4,784.68	-166.16	-0.04								8,593.73
Meridian MCR B	I C	612.13							2,207.20	1,768.05		612.13
	A C		-199.37									-199.37
Mid Central Health & welf	I C		-199.37									412.76
	A C											
Molina MMAI MCR	I P	8,571.43										8,571.43
	A P	10,674.49	-644.04	372.40	969.03	276.84	3,571.73	1,048.76	1,275.37	2,387.71		19,932.29
Molina Med B	I C	1,332.71										1,332.71
	A C	61.09										61.09
Mutual Of Omaha	I P	1,882.68		55.27	213.15	58.16						2,435.45
	A C	3,276.48		55.27	213.15	58.16						3,829.25

*(Clct) Resident in collections.

Income Grouped Breakout Servicetype,Prim/Co. Data thru 12/31/2016. Trans thru 11/30/2016.Srvcs:Inhouse,Ancil. Curg:PartB,Non Part-A/B. Exclude WO.

Morton Villa Care Center
Aging Summary for Period 05/01/16 thru 12/31/16
Transactions thru 11/30/16

Payer	Service Prim/Co	OpenPos	OpenNeg	May-2016	Jun-2016	Jul-2016	Aug-2016	Sep-2016	Oct-2016	Nov-2016	Dec-2016	Total
Pekins Coins	I C	1,052.81	-764.38									288.43
	A P	78.26										78.26
	A C	948.96	-20.52									928.44
		2,080.03	-784.90									1,295.13
Principal Life Coins	I P								-600.00			-600.00
	I C		-221.56						-600.00			-221.56
			-221.56									-821.56
												209.75
State Mutual CoIns	I C	282.75	-73.00						252.45	273.77		526.22
	A C								252.45	273.77		735.97
		282.75	-73.00									-0.27
Sterling Coinsurance	I C		-0.27							305.95		695.96
	A C					390.01						72,966.92
UHC Coinsurance	I C	55,422.44	-8,215.52		1,771.00	4,347.00	3,864.00	4,186.00	4,991.00	6,601.00		99.98
	A P	132.79	-32.81									7,416.22
	A C	1,363.62	-189.69	1,238.44	1,260.38	962.77	507.94	535.11	1,185.83	551.82		80,483.12
		56,918.85	-8,438.02	1,238.44	3,031.38	5,309.77	4,371.94	4,721.11	6,176.83	7,152.82		39,583.26
UHC Commercial	I P	45,252.00	-5,668.74									-1,140.77
UHC Part B	I P		-1,140.77							750.00		20,311.46
	A P	19,129.01	-217.55							750.00		19,170.69
		19,129.01	-1,358.32						4,991.00	2,576.00		7,567.00
United American Coinsuran	I C						5,610.00			6,930.00		11,151.67
United Health Care MCR	I P		-1,388.33	644.00	1,610.00							2,254.00
	I C		-1,388.33	644.00	1,610.00		5,610.00			6,930.00		13,405.67
								1,655.37	528.89			2,184.26
Wellcare MCR B	A P											1,222.35
(INCOME) (Clct)	I B	2,782.86	-1,560.51									14,708.46
(INCOME)	I B	33,073.03	-61,889.67	51.40	4,264.03	6,844.20	6,996.37	4,967.88	7,742.95	15,470.74	-2,812.47	15,930.81
		35,855.89	-63,450.18	51.40	4,264.03	6,844.20	6,996.37	4,967.88	7,742.95	15,470.74	-2,812.47	24,388.83
Comfort Plus Hospice	I P	24,689.39	-300.56	748.04	-51.60			134.41	2,951.82	6,027.20		22,553.45
Compassus Hospice	I P	14,461.73	-1,718.15		-1,565.02	-17.00		8,677.63	9,249.19	10,747.61		20,089.45
Harbor Light Hospice	I P	957.75	-7,926.71					4,301.12	4,086.60	2,702.50		11,493.45
Health Alliance ICP (Pend)	I P											55,980.12
Health Alliance ICP	I P	20,986.98	-1,030.63	-263.92	2,375.28	4,166.71	4,166.71	6,048.45	7,858.19	11,672.35		67,473.57
		20,986.98	-1,030.63	-263.92	2,375.28	4,166.71	4,569.94	10,349.57	11,944.79	14,374.85		14,120.18
Health Alliance MMAI	I P	30,326.00	-16,205.82	20,293.12	21,055.28	23,242.13		31,636.85	36,364.82	38,518.90		407,862.81
IL Medicaid (Pend)	I P	209,067.96										35,808.00
	I C	9,649.00					1,127.00	9,499.00	9,516.00	6,017.00		452,306.97
IL Medicaid	I P	67,660.97	-115,816.13	13,101.09	13,471.89	15,642.21	119,707.01	114,622.68	117,920.16	105,997.09		18,860.27
	I C	19,080.77	-3,731.10							3,510.60		914,838.05
		305,458.70	-119,547.23	33,394.21	34,527.17	38,884.34	148,517.76	155,758.53	163,800.98	154,043.59		3,266.44
Illinicare ICP	I P	3,266.44										1,344.10
Meridian ICP (Pend)	I P					134.41	1,075.28	134.41				15,945.35
Meridian ICP	I P	13,136.13	-6,973.28					1,881.74	4,222.82	3,677.94		17,289.45
		13,136.13	-6,973.28			134.41	1,075.28	2,016.15				3,057.95
Methodist Hospice	I P	659.83			791.76				1,089.76	516.60		-317.40
Molina ICP	I P								-2,202.00	1,884.60		47,487.15
Molina MMAI	I P	51,337.94	-6,376.24		-2,230.00	-1,038.00	-2,247.69	-1,038.00		9,079.14		18,909.86
Molina skilled	I P	24,370.09	-5,460.23									4,219.26
OSF Hospice	I P	1,665.27										16,329.44
Safe Haven Hospice	I P	16,375.04	-30.40	-7.60	-7.60					2,553.99		

*(Clct) Resident in collections.

Income Grouped.breakout ServiceType,Prim/Co. Data thru 12/31/2016. Trans thru 11/30/2016. srvc:Inhouse,Ancil. Cvr:PartB,Non Part-A/B. Exclude WO.

Morton Villa Care Center
Aging Summary for Period 05/01/16 thru 12/31/16
Transactions thru 11/30/16

Payor	Service Prim/Co	OpenPos	OpenNeg	May-2016	Jun-2016	Jul-2016	Aug-2016	Sep-2016	Oct-2016	Nov-2016	Dec-2016	Total
Transition Hospice	I P						4,030.56	2,955.28	3,387.62	3,251.40		13,624.86
Vitas Hospice	I P		-148.37							2,346.40		2,198.03
Report Totals . . .	Owed Facility...	1160162.20		43700.60	64,676.59	75928.28	187853.25	203599.21	291149.02	380041.87		2407111.02
	Facility Owed...		-360439.01	-1248.44	-4394.22	-1055.00	-2364.69	-1579.24	-2802.00		-3614.47	-377497.07
	Grand Total..	1160162.20	-360439.01	42452.16	60282.37	74873.28	185488.56	202019.97	288347.02	380041.87	-3614.47	2029613.95

*(Clct) Resident in collections.

Income Grouped.Breakout ServiceType,Prim/Co. Data thru 12/31/2016. Trans thru 11/30/2016. Srvc:Inhouse,Ancil. Cvr:PartB,Non Part-A/B. Exclude WO.

Rivershores Healthcare and Rehabilitation Centre, LLC
Balance Sheet
November 30, 2016

ASSETS

Current Assets

Cash	\$ 29,112
Petty Cash	1,500
Accounts Receivable	2,125,336
Allowance for Doubtful Accounts	(251,411)
Employee Advances	2,791
Due From Related Parties	295,154
Other Receivables	130,175
Prepaid Expenses	2,461
Prepaid Insurance	11,120
Prepaid License	1,451
Total Current Assets	2,347,688

Property and Equipment

Boiler	15,275
Land & Buildings	31,566
Computer Equipment	7,107
Computer Software	49,411
Equipment	90,180
Furniture and Fixtures	9,191
Total Cost	202,729
Less: Accumulated Depreciation	(94,179)
Property and Equipment - Net	108,550

Other Assets

Exchange Asset	15,696
Security Deposits	202,450
Total Other Assets	218,146

TOTAL ASSETS

\$ 2,674,384

Rivershores Healthcare and Rehabilitation Centre, LLC
Balance Sheet
November 30, 2016

LIABILITIES AND MEMBERS' EQUITY

Current Liabilities

Accounts Payable	\$ 1,305,591
Credit Card Payable	(2,324)
Accrued Liabilities	
Bed Tax	75,917
Benefits	39,244
Expenses	164,401
Management Fees	(2,999)
Payroll & Payroll Taxes	(530)
Real Estate Taxes	46,006
Due to Others	1,380,219
Due to Related Parties	246,886
Resident Credit Balances	91,620
Total Current Liabilities	3,364,724

Total Liabilities

3,364,724

MEMBERS' EQUITY

Members' Equity - December 31, 2015	(189,897)
Net Income (Loss)	(500,443)
Members' Equity - November 30, 2016	(690,340)

TOTAL LIABILITIES AND MEMBERS' EQUITY

\$ 2,674,384

Rivershores Healthcare and Rehabilitation Centre, LLC
Statements of Operations
For the Eleven Month Period End November 30, 2016

	Current Amount	Current Per Diem	YTD Amount	YTD Per Diem
Net Resident Income				
Gross Revenue				
Room & Board Revenue	\$ 410,258	\$ 187.93	\$ 4,881,096	\$ 186.16
Ancillary Revenue	13,964	6.40	186,168	7.10
Total Gross Revenue	424,221	194.33	5,067,264	193.26
Less: Consolidated Ancillary Revenue	(52,884)	(24.23)	(601,167)	(22.93)
Less: Illinois License Fee	(16,490)	(7.55)	(194,734)	(7.43)
Total Net Resident Income	354,848	162.55	4,271,364	162.90
Operating Expenses				
Nursing	198,835	91.08	1,835,270	70.00
Activities	9,776	4.48	115,513	4.41
Social Service	3,936	1.80	37,189	1.42
Housekeeping and Plant	27,662	12.67	369,214	14.08
Dietary	32,434	14.86	368,601	14.06
Employee Welfare	36,535	16.74	442,177	16.86
Laundry and Linen	7,635	3.50	89,095	3.40
Total Operating Expenses	316,812	145.13	3,257,058	124.22
Income Before General and Administrative Expenses	38,036	17.42	1,014,305	38.68
General and Administrative Expenses	59,567	27.29	945,505	36.06
Income Before Capital Expenses	(21,532)	(9.86)	68,801	2.62
Capital Expenses				
Depreciation	2,745	1.26	31,899	1.22
Interest	-	-	999	0.04
Rent	-	-	443,540	16.92
Real Estate Taxes	4,217	1.93	46,382	1.77
Total Capital Expenses	6,962	3.19	522,820	19.94
Income (Loss) From Operations	(28,493)	(13.05)	(454,019)	(17.32)
Other Income (Expense)				
Bad Debt Expense - Co Insurance	(17,679)	(8.10)	(76,596)	(2.92)
Employee Meals	-	-	2,303	0.09
Interest Income	-	-	734	0.03
Medicare Sequester Cut	(2,159)	(0.99)	(17,811)	(0.68)
Miscellaneous Income	-	-	6,974	0.27
Vending Income	-	-	1,775	0.07
Medicare Settlement	-	-	36,696	1.40
Total Other Income (Expense)	(19,838)	(9.09)	(45,924)	(1.75)
Adjustment to Prior Accounting Estimates				
Adjustment to Prior Year	-	-	(500)	(0.02)
Total Adjustments to Prior Accounting Estimates	-	-	(500)	(0.02)
Net Income (Loss)	\$ (48,331)	\$ (22.14)	\$ (500,443)	\$ (19.09)

Rivershores Healthcare and Rehabilitation Centre
Aging Summary for Period 06/01/16 thru 12/31/16
Transactions thru 11/30/16

Payor	Service Prim/Co	OpenPos	OpenNeg	Jun-2016	Jul-2016	Aug-2016	Sep-2016	Oct-2016	Nov-2016	Dec-2016	Total
Medicare	I P	2,464.59	-3,703.65				20.64	566.92	64,660.98		64,009.48
	A P	22,285.96	-7.46		918.13			960.65	10,339.76		34,497.04
Private Pay (Clct)	I P	24,750.55	-3,711.11		918.13		20.64	1,527.57	75,000.74		98,506.52
	I C	252,635.68									252,635.68
Private Pay	I P	3,542.00									3,542.00
	I C	42,162.77	-738.92	5,908.00	4,429.00	4,429.00	4,239.00	4,429.00	8,930.00		73,787.85
	I C	11,134.00			2,093.00	644.00	1,771.00	483.00			16,125.00
	A C		-928.87	-507.18					411.99		-1,024.06
Private Pay DOD (Clct)	I P	309,474.45	-1,667.79	5,400.82	6,522.00	5,073.00	6,010.00	4,912.00	9,341.99		345,066.47
Private Pay DOD	I P				4,560.00	190.00					4,750.00
	I P					-874.22	5,890.00	5,257.00	5,067.00	-5,890.00	9,449.78
Aetna Ins	I P	3,852.09	-78.53		4,560.00	-684.22	5,890.00	5,257.00	5,067.00	-5,890.00	14,199.78
	I C	89.46	-1,295.71								3,773.56
BCBS MMAI MCR	I P	3,941.55	-1,374.24								-1,206.25
	I P	2,819.04									2,567.31
Blue Cross Blue Shield	I P	11,426.36	-172.38								2,819.04
	I C	21,202.28		1,610.00				3,542.00	4,830.00		11,253.98
	A C	387.97	-24.49	76.96	432.03	740.17	861.25	595.55	375.50		31,184.28
Champ VA	I C	33,016.61	-196.87	1,686.96	432.03	740.17	861.25	4,137.55	5,205.50		3,444.94
	I C	744.95									45,883.20
Cigna Coins	I C	4,280.44									744.95
	A C	826.35		507.18			134.06	74.52			4,280.44
	I C	5,106.79		507.18			134.06	74.52			1,542.11
Cigna HS MCR B	A P			-115.55							5,822.55
Country Life Coinsurance	I C	2,717.25									-115.55
	A C	243.62									2,717.25
Coventry	I P	2,960.87									790.66
Health Alliance Commercial	I P		-2,820.20					414.68	132.36		3,507.91
Humana Commercial	A P	463.88						414.68	132.36		18,525.00
	A P	463.88	-2,820.20					8,775.00	9,750.00		2,520.00
Humana MCR B	A P	10,708.74			626.38	562.68	910.22	676.71	169.41		-2,820.20
Humana Medicare	I P	3,802.17									463.88
Molina MCR B	A P	438.01									-2,356.32
Mutual of Omaha	I P		-7,031.50								13,654.14
	I C	2,362.50	-510.68					2,576.00	4,830.00		3,802.17
	A C	369.91									438.01
UHC Coinsurance	I C	2,732.41	-7,542.18								-7,031.50
	A C	17,192.45			3,059.00	2,898.00					9,257.82
UHC Commercial	I P	17,192.45			3,059.00	2,898.00					369.91
UHC Part B	A P	32,209.94									2,596.23
United Health Care MCR	I P	619.02					50.00	1,700.00	2,000.00		23,149.45
(INCOME) (clct)	I B	15,535.16	-71.62	1,190.86	3,467.57	3,350.00	11,750.00	6,580.00	12,655.00		612.99
(INCOME)	I B	46,618.21	-1,892.55	411.15	605.48	5,160.68	-11,888.31	1,069.58	13,679.56		23,762.44
	I P	62,153.37	-1,964.17	1,602.01	195.38	800.86	-11,888.31	1,069.58	13,679.56		48,189.94
BCBS ICP	I P	13,885.10		-4,073.22							4,369.02
	I P										37,802.57
	I P										17,259.88
	I P										53,353.70
	I P										70,613.58
	I P										9,811.88

*(Clct) Resident in collections.

Income Grouped.Breakout ServiceType,Prim/Co. Data thru 12/31/2016. Trans thru 11/30/2016. Srvc:Inhouse.Ancil. Cvrgr:PartB,Non Part-A/B. Exclude WO.

Rivershores Healthcare and Rehabilitation Centre
Aging Summary for Period 06/01/16 thru 12/31/16
Transactions thru 11/30/16

Payor	Service Prim/Co	OpenPos	OpenNeg	Jun-2016	Jul-2016	Aug-2016	Sep-2016	Oct-2016	Nov-2016	Dec-2016	Total
County Care ICP	I P		-405.62								-405.62
	I C		-394.74								-394.74
	→		-800.36								-800.36
Guiding Light Hospice	I P	10,080.34		2,373.90	7,686.94	7,535.57	3,821.10	3,923.49	3,773.70		39,195.04
Health Alliance ICP (Pend)	I P	4,676.66									4,676.66
Health Alliance ICP	I P	446.97	-101.32								345.65
	→	5,123.63	-101.32								5,022.31
IL Medicaid (Pend)	I P	109,427.74		42,282.00	38,219.74	44,264.45	39,913.08	45,393.81	37,015.91		356,516.73
	I C	31,904.78		1,288.00	7,245.00	4,991.00	1,932.00		4,479.05		51,839.83
	A C	1,161.25									1,161.25
IL Medicaid	I P	124,706.17	-666.19	12,794.65	11,239.94	157,551.11	142,070.12	142,252.58	131,403.92		721,352.30
	I C	18,338.25	-1,214.76				9,246.58	1,127.00	7,110.15		34,607.22
	A C	2,744.68									2,744.68
	→	288,282.87	-1,880.95	56,364.65	56,704.68	206,806.56	193,161.78	188,773.39	180,009.03		1,168,222.01
Meridian ICP (Pend)	I P		-1,345.02								-1,345.02
Molina MMAI MCD	I P	880.00	-1,892.00								-1,012.00
OSF Hospice	I P	2,066.46					311.86	7,339.71	7,531.32		17,249.35
Ottawa Regional Hospice	I P	778.59									778.59
Transition Hospice	I P	3,712.26									3,712.26
Unity Hospice	I P	1,132.66		220.50	3,861.87	269.40	3,710.50	68.14			9,263.07
Vitas Hospice	I P	1.87	-2,007.59				492.00				-1,513.72
Report Totals ...	Owed Facility...	841598.58		68663.20	88,639.46	232586.06	227123.41	239763.61	343780.33		2042154.65
	Facility Owed...		-27303.80	-4695.95		-874.22	-11888.31			-5890.00	-50652.28
	Grand Total...	841598.58	-27303.80	63967.25	88639.46	231711.84	215235.10	239763.61	343780.33	-5890.00	1991502.37

*(Clct) Resident in collections.

Income Grouped.BreakOut ServiceType,Prim/Co. Data thru 12/31/2016. Trans thru 11/30/2016. Srvc:Inhouse,Ancil. Cvr:PartB,Non Part-A/B. Exclude W0.

Exhibit

10/31/2016 Accounts Receivable Pre Receivership with
Receiver 11/1-11/30/2016 Roll Forward by Facility and Payer

Accounts Receivable- Receiveship Facilities							
Billing & Cash Receipts							
Opening Balance 11/1/16	Total	Capital	Colonial	Heights	M. Villa	M. Terrace	Rivershores
AR Hospice	454,537	167,575	14,938	8,830	95,759	110,931	56,503
AR Insurance	2,818,328	720,610	170,080	732,070	610,975	407,639	176,955
AR Medicaid	6,292,414	2,184,855	491,266	522,520	868,550	1,055,255	1,169,968
AR Medicaid Resources	627,463	259,480	67,761	190,604	10,935	48,039	50,644
AR Medicare A	895,324	294,794	117,087	159,982	115,203	111,517	96,741
AR Medicare B	589,541	453,946	26,004	17,734	30,359	26,793	34,706
AR Private	3,381,852	1,742,031	162,222	496,112	200,720	419,068	361,699
Total Accounts Receivable	\$ 15,059,460	\$ 5,823,290	\$ 1,049,357	\$ 2,127,852	\$ 1,932,501	\$ 2,179,243	\$ 1,947,218
Sales/Revenue November	Total	Capital	Colonial	Heights	M. Villa	M. Terrace	Rivershores
AR Hospice	96,883	23,519	6,281	5,714	25,443	23,744	12,181
AR Insurance	534,404	164,794	42,360	123,809	74,868	79,195	49,377
AR Medicaid	1,029,835	262,936	118,973	135,454	153,954	178,308	180,210
AR Medicaid Resources	444,586	116,219	34,559	57,613	73,030	83,484	79,681
AR Medicare A	588,508	224,543	58,058	92,575	83,843	64,829	64,661
AR Medicare B	125,650	47,440	17,286	10,907	20,682	18,995	10,340
AR Private	388,684	77,247	150,317	42,000	28,761	52,517	37,842
Total Accounts Receivable	\$ 3,208,550	\$ 916,698	\$ 427,834	\$ 468,073	\$ 460,582	\$ 501,072	\$ 434,292
Cash Receipts November	Total	Capital	Colonial	Heights	M. Villa	M. Terrace	Rivershores
AR Hospice	63,683	7,095	6,381	9,824	14,740	25,642	-
AR Insurance	381,694	149,290	13,113	115,526	46,569	57,073	123
AR Medicaid	750,847	177,327	114,300	76,813	106,731	107,493	168,183
AR Medicaid Resources	367,866	76,211	41,252	50,404	68,035	76,159	55,806
AR Medicare A	812,212	357,699	86,694	108,797	61,812	99,817	97,393
AR Medicare B	88,323	14,303	14,342	13,803	18,223	17,102	10,549
AR Private	303,179	31,215	130,639	10,145	46,423	44,483	40,275
Total Accounts Receivable	\$ 2,767,805	\$ 813,140	\$ 406,721	\$ 385,313	\$ 362,534	\$ 427,767	\$ 372,329
Adjustments	Total	Capital	Colonial	Heights	M. Villa	M. Terrace	Rivershores
AR Hospice	-	-	-				
AR Insurance	-	-	-				
AR Medicaid	38,146	(1,949)	-	5,642	935	15,839	17,679
AR Medicaid Resources	-	-	-				
AR Medicare A	-	-	-				
AR Medicare B	-	-	-				
AR Private	-	-	-				
Total Accounts Receivable	\$ 38,146	\$ (1,949)	\$ -	\$ 5,642	\$ 935	\$ 15,839	\$ 17,679
AR at 11/30/16	Total	Capital	Colonial	Heights	M. Villa	M. Terrace	Rivershores
AR Hospice	487,737	183,999	14,839	4,720	106,461	109,033	68,685
AR Insurance	2,971,038	736,114	199,326	740,353	639,274	429,762	226,209
AR Medicaid	6,533,256	2,272,413	495,939	575,518	914,838	1,110,232	1,164,316
AR Medicaid Resources	704,183	299,487	61,068	197,813	15,931	55,365	74,520
AR Medicare A	671,620	161,637	88,450	143,760	137,234	76,529	64,009
AR Medicare B	626,868	487,083	28,947	14,837	32,818	28,685	34,497
AR Private	3,467,357	1,788,063	181,900	527,967	183,058	427,102	359,266
Total Subsidiary Ledger	\$ 15,462,060	\$ 5,928,796	\$ 1,070,469	\$ 2,204,969	\$ 2,029,614	\$ 2,236,709	\$ 1,991,502
Total AR Over 90 Days	\$ 9,985,500	\$ 4,316,086	\$ 459,554	\$ 1,454,419	\$ 1,159,207	\$ 1,379,081	\$ 1,217,152
Percent of AR Over 90 Days	64.6%	72.8%	42.9%	66.0%	57.1%	61.7%	61.1%

EXHIBIT E

Pre- Receivership Debits

11/1/16 Operating Bank Accounts, ACH Debits

**Novmeber 2016 ACH Debits Presented For Payment and Paid
Receivership Facilities 11/1/16**

	Operating acct ending in				
Capitol	4511	\$ 11,427.75	American Express		
		\$ 92,137.47	American Express		Kone Elevator
Colonial	4996	\$ 4,096.63	American Express		unknown
		\$ 31.50	American Express		unknown
Morton Villa	5046	\$ 13,219.04	American Express		unknown
		\$ 635.94	American Express		unknown
Heights	4546	\$ 5,009.40	American Express		unknown
Morton Terrace	5070	\$ 11,471.04	American Express		unknown
Rivershores	5011	\$ 16,045.09	American Express		unknown
		\$ 21,223.44	Chase Epay Eli Davis		unknown
Total ACH Debits		<u>\$ 175,297.30</u>			

EXHIBIT F

Capitol 9/2016 Civil Monetary Penalty Settlement

9/13/14

SETTLEMENT AGREEMENT

1. Parties

The Parties to this Settlement Agreement (Agreement) are the Centers for Medicare & Medicaid Services (CMS) and The Mosaic of Springfield (Mosaic) (CCN: 14-5160).

2. Recitals

2.1 On September 13, 2016, CMS notified Mosaic that based on the findings of three surveys that the Illinois Department of Public Health (IDPH) completed on July 14, 2016, August 22, 2016 and August 25, 2016, CMS was imposing certain remedies due to the facility's failure to be in substantial compliance with the applicable federal requirements for nursing home participating in the Medicare and Medicaid programs. The notice informed Mosaic that a civil money penalty of \$500 per day starting Jul 14, 2016 would continue to accrue until the facility achieved substantial compliance with federal requirements or its participation in the Medicare and Medicaid programs was terminated. In addition, CMS advised Mosaic that a mandatory denial for new Medicare and Medicaid admissions would take effect October 14, 2016, and the facility would be subject to a two-year Nurse Aide Training and/or Competency Evaluation (NATCEP) ban effective October 14, 2016.

2.2 On September 21, 2016, Mosaic timely requested a hearing to contest the imposition of remedies and the deficiency findings.

2.3 On October 27, 2016, CMS issued a disposition of remedies letter, informing Mosaic that IDPH determined that the facility achieved substantial compliance with the applicable federal requirements on September 27, 2016. CMS advised Mosaic that the CMP for 75 days of noncompliance totaled \$37,500.

2.4 The Civil Remedies Division of the Departmental Appeals Board docketed Mosaic's hearing request as case number C-16-907.

2.5 CMS and Mosaic have agreed to settle this dispute to avoid the expense, delay, and uncertainty of further administrative and judicial proceedings.

3. Terms of Agreement

3.1 Mosaic agrees to withdraw its hearing request and will not contest any findings of noncompliance and resulting remedies relating to the surveys completed on July 14, August 22, and August 25, 2016, either administratively, or in any state or federal court. Upon signing this Agreement, Mosaic will send to Administrative Law Judge Leslie C. Rogall, with a copy to CMS, a letter

withdrawing its hearing request in *The Mosaic of Springfield v. CMS*, No. C-16-907, and requesting that this case be dismissed with prejudice.

3.2 Based on Mosaic's withdrawal of its hearing request and agreement not to contest any matters relating to the July 14, August 22, and August 25, 2016, surveys, CMS agrees to accept \$30,000 in full satisfaction of the total \$37,500 CMP. Within twenty one (21) days from the execution of this Agreement by both parties a check for \$30,000 payable to "Centers for Medicare and Medicaid Services" must be sent by Mosaic to the following address if using USPS, and must set forth on the face of the check "CMPTS# 2017-05-LTC-117" as well as Mosaic's provider number:

Division of Premium Billing & Collections
Mail Stop C3-11-03
Post Office Box 7520
Baltimore, MD 21207

If you are using a delivery service, such as Federal Express, you must use the following address:

Centers for Medicare & Medicaid Services
Division of Premium Billing & Collections
Mail Stop C3-11-03
7500 Security Boulevard
Baltimore, MD 21244

3.3 Within twenty one (21) days of the execution of this Agreement by both parties, Mosaic agrees to send a copy of the check, referenced in Section 3.2 of this Agreement, to the following address:

Centers for Medicare & Medicaid Services
Attention: Steven Delich
233 N. Michigan, Ste. 600
Chicago, IL 60601

3.4 Should payment become overdue, interest, as provided for in the regulations, shall begin to accrue on the entire unpaid balance from the date of nonpayment, and CMS may elect to collect the entire remaining principal balance, and any accrued interest, from current reimbursement due Mosaic, or by any other means available under the law for collection of debts due the United States or its agencies. Mosaic agrees not to contest any collection action, or any recoupment or offset so imposed, either administratively, or in any state or federal court, including United States Bankruptcy Court.

3.5 The parties understand and further agree that settlement of this action by Mosaic constitutes neither an admission or agreement with any of the findings, determinations of non-compliance, or selection of remedies associated with the

surveys completed on July 14, 2016, August 22, 2016 and August 25, 2016, nor an admission of any liability or wrongdoing by Mosaic. The parties also understand and agree that this document is entered into for the sole purpose of affecting a compromise of this action. The parties further understand and agree that settlement of these matters by CMS does not constitute an admission of error, fault, or mistake on the part of CMS or IDPH with respect to the findings, determinations of noncompliance or imposition of remedies.

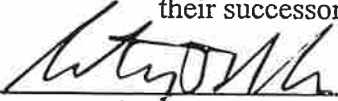
3.6 Mosaic and CMS each will bear their own costs and attorney fees associated with this matter.

4. Execution of Agreement


4.1 This Agreement is binding upon the parties, and any of their successors or assigns.

4.2 The paragraphs of this Agreement are effective upon the signing of this document by the authorized representative of Mosaic and CMS, and the signing of this Agreement warrants that the representatives are so authorized.

4.3 The foregoing constitutes the entire agreement of the parties and cannot be varied or amended except pursuant to a writing signed by all signatories hereto, or their successors or assigns.



Representative of
The Mosaic of Springfield



Jean Ay
Long Term Care Certification &
Enforcement Branch Manager
Chicago Regional Office
Centers for Medicare & Medicaid Services
U.S. Department of Health & Human
Services
233 N. Michigan Avenue, Suite 600
Chicago, Illinois 60601

Date: 12-2-2016

Date: 12/7/16

EXHIBIT G

List of Insurance Claims Against Receivership Entities

1. Capitol
Porter(Anderson)
DA: Bob Kelleher & Joshua Runnels
Quintairos Prieto Wood & Boyer
2. Capitol
Viscuso(Beales)
DA: Bob Kelleher & Joshua Runnels
Quintairos Prieto Wood & Boyer
3. Capitol
Peter(Hall)
Not AIG Claim – Handled by MedPro
4. Morton Terrace
Parker(Firth)
DA: Rodney Sharp & Jared Byrne
Sandberg Phoenix & Von Gontard, P.C.
5. Morton Terrace
Evans
DA: Rodney Sharp & Jared Byrne
Sandberg Phoenix & Von Gontard, P.C.
6. Morton Villa
Gardiner(Higgerson)
DA: Lynn Reid
Johnson & Bell
7. Morton Villa
Morrow
DA: Bob Kelleher
Quintairos Prieto Wood & Boyer
File closed. Settled for \$75K
8. Morton Villa
Roy
DA: Bob Kelleher
Quintairos Prieto Wood & Boyer
9. Rivershores
Chitwood
DA: Joan Stohl & Josh Runnels
Quintairos Prieto Wood & Boyer

10. Rivershores
Duffield
DA: Bob Kelleher
Quintairos Prieto Wood & Boyer

11. Rivershores
Lushina
DA: Notice Only. No attorney assigned

12. Rivershores
Picchi
DA: Bob Kelleher
Quintairos Prieto Wood & Boyer

13. Rivershores
Ray
DA: Bob Kelleher
Quintairos Prieto Wood & Boyer

14. The Heights
Goeken
DA: Rodney Sharp & Jared Byrne
Sandberg Phonenix & Von Gontard, P.C.

15. The Heights
Jenkins
DA: Lynn Reid
Johnson & Bell
Pre-Suit –Claim settled for \$5K